



European Monitoring Centre
for Drugs and Drug Addiction



Draft version

**2004 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point**

“POLAND”
**New Development, Trends and in-depth information
on selected issues**

REITOX

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Part A: New Developments and Trends

1. NATIONAL POLICIES AND CONTEXT

Legal Framework

In 2003 seven regulations to the Act of 24 April 1997 on Counteracting Drug Addiction were issued. All these legal acts were issued in January 2003. (The Minister of Health issued 7 regulations and the Minister of National Education and Sport one). The legal acts of the Ministry of Health related to the control of trading, storing, illegal exportation and importation of narcotic drugs, psychotropic substances and precursors. The regulations enabled tightening control of legal narcotic drugs and provided control bodies with new legal instruments. The new laws have a favourable influence on monitoring trafficking in narcotic drugs, psychotropic substances and precursors. Pharmacies and wholesalers were obliged to keep detailed records of narcotic drugs. It is worth mentioning that the Act of 24 April 1997 on Counteracting Drug Addiction was assumed to be expanded by 19 obligatory regulations and 2 optional ones. 15 obligatory regulations have been issued up to now.

1. The Regulation of the Minister of Health of 13 January 2003 on specific conditions and procedure of issuing and revoking permits for producing, processing or converting narcotic drugs, psychotropic substances and group I-R precursors as well as specific conditions of reporting operations based on the use thereof in the course of conducting scientific research.

(Journal of Laws “Dz. U.” No. 36, item 315)

The regulation stipulated specific conditions and procedure of issuing and revoking permits for producing, processing and converting narcotic drugs or group I-R precursors. The entities that were granted the permit for production must meet a series of criteria listed in the regulation. The requirements refer to both following the procedures and employing competent staff. The granted permit may be revoked upon finding by the Regional Pharmaceutical Inspector violation of the Act or conducting operations contrary to the terms and conditions provided for in the permit or consent.

2. The Regulation of the Minister of Health of 13 January 2003 on specific conditions and procedure of issuing permits for importation or exportation of narcotic drugs, psychotropic substances and group I-R precursors as well as documents allowing for importation or exportation thereof for private medical purposes.

(Journal of Laws “Dz. U.” No. 36, item 316)

The Minister laid down in the regulation specific conditions and procedure of issuing permits and documents for importation and exportation of narcotic drugs, psychotropic substances and group I-R precursors. The duties of entities and persons holding such permits were specified. The regulation featured specimens of importation and exportation permits. The regulation stipulated specific conditions and procedure of issuing the permits for importation and exportation of narcotic drugs, psychotropic substances and group I-R precursors, also for private medical purposes.

3. The Regulation of the Minister of Health of 13 January 2003 on specific conditions and procedure of issuing and revoking permits for conducting wholesale trading operations in narcotic drugs, psychotropic substances and group I-R precursors as well as the duties of entities holding such permits.

(Journal of Laws “Dz. U.” No. 36, item 317)

An entrepreneur or another entity wishing to obtain a permit for conducting wholesale trading in narcotic drugs, psychotropic substances and group I-R precursors must file an application containing data listed in the regulation. The legislator presented in this legal act requirements to be met in order to obtain the permit. The regulation features duties of an entrepreneur who conducts wholesale trading in narcotic drugs, psychotropic substances and group I-R precursors. In the event of the entrepreneur being found by the Regional Pharmaceutical Inspector in breach of the trading conditions there is a chance of revoking the permit. The Main Pharmaceutical Inspector finally decides the case.

4. The Regulation of The Minister of Health of 13 January 2003 on conditions of storing by pharmacies narcotic drugs, psychotropic substances and group I-R precursors as well as conditions of storing and distributing from pharmacies preparations containing such drugs or substances

(Journal of Laws “Dz. U.” No. 37, item 323)

The regulation (pursuant to Article 4 paragraph 4 of the Act of 24 April 1997 on Counteracting Drug Addiction) states specific conditions of storing by pharmacies narcotic drugs,

psychotropic substances, group I-R precursors and preparations containing these drugs or substances as well as the manner of keeping records of storage and sales thereof. The regulation also concerns preparations containing group II-N preparations, groups III-P and IV-P psychotropic substances as well as preparations containing group III-N psychotropic substances, which may be distributed without prescription. Furthermore, specific conditions for issuing prescriptions and demand letters for preparations containing psychotropic substances were stipulated.

Pharmacies were obliged to keep receipt and distribution records of narcotic drugs, psychotropic substances and group I-R precursors in the form of a control book specifically defined in this regulation. In the case of group II-N narcotic drugs, groups III-P and IV-P psychotropic substances and group I-R precursors the trading records of such substances are to be kept in the form of monthly breakdowns.

5. The Regulation of the Minister of Health of 13 January 2003 on preparations containing narcotic drugs or psychotropic substances which may be possessed for medical purposes upon clearance from provincial pharmaceutical inspector.

(Journal of Laws "Dz. U." No. 37, item 324)

The regulation stipulated types of preparations containing groups I-N, II-N, III-N narcotic drugs or groups II-P, III-P and IV-P psychotropic substances and quantities thereof that the entities enumerated therein may possess. The legislator stated specific conditions of supplying and storing of these preparations as well as the manner of keeping records on their storing and applying.

6. The Regulation of the Minister of Health of 13 January 2003 on specific conditions and procedure of submitting reports on production, processing or converting narcotic drugs or psychotropic substances, importation and exportation of narcotic drugs, psychotropic substances, group I-R precursors or poppy straw as well as wholesale trading in narcotic drugs or psychotropic substances.

(Journal of Laws "Dz. U." No. 37, item 325)

The entities concerned with processing, producing or converting narcotic drugs or psychotropic substances as well as importation or exportation of narcotic drugs, psychotropic substances, group I-R precursors or poppy straw as well as wholesale trading in narcotic drugs or psychotropic substances are obliged to submit report on their operations. The reports cover one year period and must be submitted to the Main Pharmaceutical Inspector.

7. The Regulation of the Minister of National Education and Sport of 31 January 2003 on specific forms of educational and preventive activities among drug endangered children and youth.

(Journal of Laws “Dz. U.” No. 26, item 226)

The Minister of National Education and Sport set out in the regulation specific forms of educational and preventive activities among drug endangered children and youth, which shall cover:

1. systematic recognition and diagnosis of drug-related dangers;
2. providing information on drug addiction and its effects;
3. cooperation with parents of drug endangered children and youth;
4. counselling in drug prevention;
5. providing teachers and persons concerned with upbringing of children and youth with training in drug prevention.

The headmaster is responsible for organizing educational and preventive activities among drug endangered children and youth. His duties involve preparing teachers to perform these tasks. Furthermore, the regulation features types of classes during which one can fulfil educational and preventive tasks. Schools have been obliged to possess strategies of educational and preventive activities as well as interventions among drug endangered children and youth.

Institutional framework, strategies and policies

The institution serving advisory role for the Prime Minister in the field of drug prevention in Poland is the Council for Counteracting Drug Addiction. The Council draws up reports monitoring and assessing the implementation of the National Program for Counteracting Drug Addiction, which are then submitted to the Prime Minister. The Council produces expert reports and recommendations in the field of substitution treatment, control of precursors and pharmaceuticals, cultivation of opium poppy and cannabis plant, opiate use in pain therapy and palliative care. The Council establishes contacts with institutions responsible for reducing use of other psychoactive substances as well as infectious diseases prevention. It cooperates with international organizations.

Upon initiative of the institutions bound statutorily to control trade in precursors, within the Council a team on control of precursor trade was established. The institutions having their representatives in the Council prepared a draft agreement whose aim is to establish a system of effective control of production, processing, converting and storing and trading in precursors.

The agreement is to ensure effective cooperation through: implementing information exchange procedures, sharing drug control databases, coordinating control actions performed by parties to the agreement. The subject matter of the agreement was also incorporated in the draft re-enactment of the Act on Counteracting Drug Addiction. Furthermore, the Council approved the report on the implementation of the National Programme for Counteracting Drug Addiction for 2002. Last year three sessions of the Council for Counteracting Drug Addiction were held.

In Poland anti-drug strategy is defined in the National Programme for Counteracting Drug Addiction (2002-2005) adopted by Council of Ministers in July 2002.

The National Programme for Counteracting Drug Addiction features 64 tasks, whose implementation is performed by ministries, central administration institutions as well as provincial, county and communal authorities. Central administration bodies and local governments are obliged to perform tasks of the National Programme for Counteracting Drug Addiction pursuant to Article 3.1 and Article 3a.4 of the Act of 24 April 1997 on Counteracting Drug Addiction.

The National Programme has been implemented within 4 major fields:

- prevention,
- treatment, rehabilitation and harm reduction,
- supply reduction,
- research, monitoring and evaluation.

Each of these fields had its own subject-matter aims.

The National Bureau for Drug Prevention using standardised report questionnaires gathers data on the implementation of the National Programme for Drug Prevention which later become the basis for annual reports.

On that basis it was estimated that in 2003 the expenditure on the implementation of the NPDP tasks amounted to approx. PLN 202 800 000, including the share of local governments of PLN 40 547 664, which constitutes 25.7% of the total expenditures. It should be noted that the above estimate may be burdened with considerable statistical error.

Prevention

In 2003 the provincial governments, institutions and other bodies were actively involved in the performance of the drug prevention tasks prescribed in the National Programme for Drug Prevention .

The report on the implementation of the National Programme for Drug Prevention shows that the following tasks were completed:

- 7 provinces conducted questionnaire surveys on alcohol and drug use among youth.
- 75% of provincial governments provided support for development of school prevention activities through: raising social awareness, educating professional groups on new methods

and directions of prevention work, organizing training courses for persons concerned with planning anti-drug strategies, implementing programmes addressed to teachers and pupils.

- 75% of provincial governments implemented prevention programmes on organization of free time of children and youth, which constitutes alternative to drug use.

- 94% of provincial governments completed prevention activities addresses to drug endangered children and youth.

- In 7 provinces the National Bureau implemented eight training programmes devoted to integrated approach to problem behaviour of children and youth.

- A series of publications were published on education and training addressed to drug prevention implementers in local communities and other target groups.

- 88% of provincial governments and bodies at central level – The National Bureau for Drug Prevention, Methodological Centre of Psychological and Pedagogical Assistance – took actions in the field of disseminating information on the recommended programmes and prevention facilities.

- The National Bureau organized and coordinated the second edition of the campaign called “Drugs – the best way out is not to get in”. The majority of provincial governments (75%) were engaged in running the Bureau’s campaign and their own ones.

- Central administration institutions and local governments ran training courses aimed at raising professional qualifications of persons performing drug prevention tasks. Training courses were organized for staff of schools, education units as well as nurturing and upbringing centres, social workers, prison service and military personnel.

- Dissemination of developed “Conduct procedures for teachers and cooperation methods of schools and the police in situations of children and youth endangered by crime, drug addiction, alcoholism and prostitution”. This action, in the framework of introducing to schools problem prevention programmes for children and youth, including drug prevention, was taken by the Ministry of National Education and Sport in cooperation with the Ministry of Internal Affairs and Administration.

- Research actions were taken in relation to the following problem areas: drug epidemiology (ESPAD), drug conditions, evaluation of pilot programmes of risk reduction in recreation facilities, methodology of diagnosing problem drug use.

Treatment, rehabilitation and harm reduction

In 2003 a steady differentiation of drug treatment and rehabilitation offer took place and the scope of harm reduction activities addressed to persons remaining outside treatment system was expanded. A draft system of standards of conduct in treatment, rehabilitation and harm reduction.

Furthermore, 10 programmes of substitution treatment were run in 8 provinces. They involved 700 patients. Last year no new substitution treatment programme was created. The number of patients did not increase either. Three provincial governments of zachodniopomorskie, wielkopolskie and malopolskie co-financed methadone programmes: 38% of provinces, 5% of counties and 1% of communes co-financed harm reduction programmes.

Rehabilitation of drug addicts was performed in 10 prison therapeutic wards. Furthermore, the first substitution treatment programme in the Remand Centre in Cracow was launched. 14 persons participate in the programme.

In the framework of developing and implementing programmes evaluating treatment, rehabilitation and harm reduction services a 7-person expert team was established that made a review of the definitions of therapy, conducted research as well as theoretical concept of evaluation process.

The National Bureau developed and implemented training programmes in the field of drug therapy. A number of persons were trained as drug specialists and drug therapists. Furthermore, training courses for personnel of basic health care were continued and a training course for implementers of harm reduction programmes.

The National Bureau, in the framework of popularising knowledge on treatment, rehabilitation and harm reduction, published books and specialist magazines for professionals dealing with drug problem.

Supply reduction

In 2003 supply reduction comprised the following tasks:

- A draft agreement was prepared aiming at establishing a system of effective control of processing, trading and storing precursors. The Police, Customs Service, Military Police, Sanitary Inspectorate took actions aimed at ensuring coordination of relevant services conducting inspections of trading in precursors and other substances used in drug manufacture.
- The National Bureau held a seminar whose participants included representatives of the European Monitoring Centre for Drugs and Drug Addiction as well as central level institutions. The effect of the seminar was developing an initial concept of work on the Polish early warning system.
- In the framework of the task of "curbing increase in drug smuggling into the internal market" the Police, in 2003, confiscated greater quantity of drugs compared to the year 2002. The Customs Service reported a smaller number of revealed smuggling attempts in relation to the year 2002 but it confiscated greater quantities of amphetamine, hashish and heroin. The

Border Guard strengthened their cooperation with border control services from neighbouring countries by way of relevant agreements concerning drug problem.

- The analysis of drug crime dynamics was carried out. It was concluded that within offences against the Act on Counteracting Drug Addiction a further upward trend was noted both in the number of registered offences – 47 605 (36 178 in 2002) and the preparatory proceedings – 12 968 (10 339 in 2002). The increase in crime detection rate is indicative of better and better identification of criminal circles by the police.

Provincial Pharmaceutical Inspectorates maintain systematic control over the trade in narcotic drugs and psychotropic substances as well as precursors in pharmacies and pharmaceutical wholesale businesses. In 2003 Provincial Pharmaceutical Inspectorates granted 280 licences for trade in medications.

- Task groups were formed in order to improve cooperation between relevant services. The Customs Service, Police, and The Border Guard maintained work contact with one another. The Police cooperated with the Border Guard within an operational and coordinating group called “Sigismund”

- A new legal instrument was adopted. It concerns forfeiture of property obtained from criminal activities, which will allow for more effective depriving criminals of illegal proceeds. The most often used legal instrument aimed at seizing illegal proceeds derived from crime is security on property. In 2003 449 decisions on security on property were issued in drug-related cases, which constitutes an increase of 100% compared to the previous year. In 2003 6 indictments were brought before Polish courts covering offences under Article 299 of the penal code. However, none of the cases was connected with illegal drug cartel. Moreover, no convicting sentence was passed under Article 299 of the penal code.

Research, Monitoring and Evaluation

In 2003 the following tasks were completed in this area:

- The National Focal Point undertook works on introducing changes into data collection protocol on HIV and HCV infections.

- Moreover, the National Focal Point conducted and commissioned for implementation the following research projects in the framework of harmonising Polish systems of data collection with the EU standards:

- Project of “Reporting to treatment due to drug use”
- ESPAD – questionnaire survey on drug and alcohol use at upper-primary schools (age: 15-16) and secondary schools (age: 17-18)
- EDDRA – programme of recording and evaluation of drug demand reduction activities

Methodological seminars were held with the purpose of improving research quality and diagnosis at regional and local level. Two meetings of regional experts were organized during which methodology of collecting drug-related data was discussed.

- The National Focal Point prepared an annual report on the situation in Poland. It contained information on legislative changes in drug prevention, drug epidemiology and supply reduction strategy. The NFP drew up a series of reports from international organizations.

- In the framework of international cooperation with the centres in Berno and Frankfurt a research project „Societal Images of Natural Recovery from Addictions” was conducted in Poland.

- The Central Board of Prison Service in cooperation with the Institute of Psychiatry and Neurology and the National Bureau for Drug Prevention conducted two research projects in 2003:

1. „Women drug addicts in European prisons”. The aim of the study was the evaluation of drug therapy programmes for women implemented in prisons in terms of their effectiveness in preventing relapses.

2. “Drugs problem in correctional institutions and remand centres”. The aim of the study was the assessment of size and character of drugs problem in correctional institutions and remand centres as well as monitoring system of care provision for drug addicts in prison system.

- Upon commission of the National Bureau for Drug Prevention a research project called “Institutional conditioning of drug prevention over organizations operating in demand reduction” was conducted. Its main implementer was ARSC-C Robert Sobiech. The study covered organizations operating nationwide and running demand reduction programmes.

Conclusions from 2003 National Programme for Drug Preventions

1. Legal instruments must be used to oblige counties (powiat) and communes (gmina) to produce reports on the implementation of the National Programme.

2. There is a need to perform educational and informative actions on the effects of post-rehabilitation programmes among staff of local governments.

3. Necessary financial resources must be allocated from the budgets of local governments to finance post-rehabilitation programmes.

4. Proper legislative changes must be introduced to ensure the financing of drug prevention tasks with financial resources provided for in the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism.

5. Actions supporting further development of substitution treatment must be taken through:

- introducing changes to the Act on Counteracting Drug Addiction in order to enable non-public health care facilities to implement substitution treatment programmes
- encouraging local governments to more intense activity in this field
- raising funds on the above goal by the National Health Fund.

6. There is a need of further improvement of coordination and cooperation between services responsible for counteracting drug addiction with the purpose of raising effectiveness of taken actions.

7. The system of collecting data on confiscates must be modified in order to harmonise it with EMCDDA standards.

Budget and public expenditure

The National Bureau for Drug Prevention followed a policy of drug prevention within the scope prescribed in the Act of 24 April 1997 on Counteracting Drug Addiction and the National Programme for Counteracting Drug Addiction (2002-2005). Within the budget provided for in Chapter 85153 – counteracting drug addiction, the Bureau disbursed 12% of the financial resources on its operation and 88% on the implementation of statutory tasks.

Table 1. Expenditure of the National Bureau for Drug Prevention within Chapter 85153 – counteracting drug addiction

	thousands of PLN
Operating expenses	1 399
Investments connected with the introduction of electronic banking	9
Statutory activity	11 382
In total	12 790

Within statutory activity 119 contracts were concluded for the implementation of tasks and programmes aimed at healthy lifestyle, education, information, rehabilitation, post-rehabilitation, health care and research. These tasks were commissioned to be performed mainly by societies and foundations as well as other entities outside public sector.

Within its own budget the National Bureau for Drug Prevention implemented many other programmes. The basic activities comprised drafting legislative solutions serving drug prevention, developing anti-drug strategies at local and regional levels, monitoring the execution of the provisions of the National Programme for Counteracting Drug Addiction by entities bound by the Act on Counteracting Drug Addiction, setting standards of conduct in drug prevention, rehabilitation and post-rehabilitation, running the National Focal Point, managing the Secretariat of the Council for Counteracting Drug Addiction, organising workshops and conferences on drug prevention as well as running anti-drug helpline, publishing and conducting all-year-round national anti-drug campaign.

The National Bureau cooperated with, inter alia, the Ministry of National Education and Sport, The Central Investigative Office of the Police Headquarters, the Ministry of Foreign Affairs, the Ministry of Justice, the Institute of Psychiatry and Neurology, the National Health Fund, the National AIDS Centre, the State Agency for Prevention of Alcohol-Related Problems.

Within the scope of international cooperation particularly important is the Bureau's participation in the proceedings of the Pompidou Group by the Council of Europe, the European Monitoring Centre for Drugs and Drug Addiction in Lisbon, the United Nations Drug Programme and the PHARE programme.

In 2003 the National Bureau continued performing tasks resulting from the programme of Poland's accession to the European Union. The twinning contract between Poland and France was continued.

However, the basic source of information on the funds disbursed on counteracting drug addiction in Poland, both in terms of demand and supply reduction, is the figures of the report on the implementation of the National Programme for Counteracting Drug Addiction. Below there is an attempt to present total expenditure on the implementation of the National Programme for Counteracting Drug Addiction in 2003. A detailed cost estimate is impossible as the programme implementation is not financed with separate funds but statutory funds of the institutions involved.

Table 2. Expenditure on counteracting drug addiction, including the implementation of the National Programme for Counteracting Drug Addiction in 2003.

No.	Institution	Expenditure on counteracting drug addiction	Expenditure on implementation of NPCDA
1.	Bureau for Chemical Substances and Preparations	5 040	5 040
2.	Central Board of Prison Service	n/a	1 918 000
3.	Methodological Centre of Psychological and Pedagogical Assistance	56 720	56 720
4.	General Inspector of Financial Information	n/a	n/a
5.	Main Pharmaceutical Inspectorate	n/a	n/a
6.	Institute of Psychiatry and Neurology	803 633	594 995
7.	Police Headquarters	121 802 000	121 802 000
8.	Border Guard Headquarters	410 188	410 188
9.	Military Police Headquarters	542 327	542 327
10.	Ministry of National Education and Sport	206 025	56 880
11.	Ministry of Finance – Customs Service	n/a	n/a
12.	Ministry of National Defence	140 000	120 000
13.	Ministry of Interior and Administration	n/a	981 300
14.	Ministry of Justice	n/a	7 888 179,79
15.	Ministry of Health – National Bureau for Drug Prevention	11 382 000	11 382 000
16.	Units of National Health Fund	59 978 083	6 424 910
17.	State Sanitary Inspection	n/a	n/a
18.	Communal governments	44 871 029	17 293 944
19.	County governments	23 932 080	10 051 895
20.	Provincial governments	1 423 370	1 501 297
21.	Provincial Pharmaceutical Inspectorates	62 882	60 000
22.	Management Board of Military Health Service	0	0
	In total	266 110 007	179 588 379

Not only extracting expenditure incurred in the course of the programme implementation but also all expenditure on drug prevention proved unfeasible for some institutions. The

Programme tasks are frequently too interwoven into other tasks of the institutions just as activities aimed at counteracting drug addictions serve other purposes, therefore separating funds on either the programme implementation or counteracting drug addiction is often of approximate nature.

Table 2 features information on expenditures of individual institutions on counteracting drug addiction, including the implementation of the National Programme for Counteracting Drug Addiction as reported by these institutions. 6 central institutions did not report their expenditures on counteracting drug addiction and 4 on the programme implementation. One institution (Management Board of Military Health Service) reported no expenditures on both the programme implementation and counteracting drug addiction.

The total cost of the implementation of the National Programme for Counteracting Drug Addiction in 2003 was determined at PLN 179 600 000. This cost surely does not comprise all the expenditures on the programme implementation. The institutions implementing the National Programme reported total expenditures on counteracting drug addiction at PLN 266 100 000. Therefore it may be assumed that the expenditures on the programme implementation constituted 67,5% of all the expenditures incurred by the institutions on counteracting drug addiction.

The cost of the programme implementation comprises expenditures incurred by central institutions of PLN 150 700 000 and by local governments of all tiers i.e. PLN 28 800 000. It means that all governments co-financed 16% of the programme costs.

Due to considerable data shortages as to the costs of the programme implementation incurred by first-tier local governments an attempt has been made to estimate these costs. In order to obtain necessary information a representative sample of communes which did not report information on their expenditures was established. Then telephone interviews with representatives of the selected offices were conducted. On the basis of the collected data a mean value of expenditures per one office was calculated. Then this value was multiplied by the number of all communes which did not report figures on the programme implementation. The obtained estimate is presented in Table 3.

Table 3. Estimate of first-tier governments' expenditures on the implementation of the National Programme for Counteracting Drug Addiction in 2003.

Number of communal governments which were contacted	28
Number of communal governments which formed basis for estimate (information on costs was obtained)	18
Estimated average expenditure	PLN 14 570
Number of communal governments which did not report expenditures	1 596
Estimate for communal governments which did not report expenditures	PLN 23 253 720

The overall amount of first-tier governments' expenditures was obtained by totalling expenditures reported by the governments and estimated for the remaining ones (Table 4).

Table 4. Estimated and reported expenditures of first-tier governments on the implementation of the National Programme for Counteracting Drug Addiction in 2003.

	No. of communes	Expenditures
Expenditures reported	893	17 293 944
Expenditures estimated	1596	23 253 720
In total	2489	40 547 664

Adding the estimated first-tier governments expenditures to the general amount of expenditures incurred on the programme implementation leads to the calculation of the latter at PLN 202 800 000 and extends the participation of local governments in co-financing the programme to 25.7%.

Social and cultural context

In 2003 the National Bureau for Drug Prevention organized and coordinated the second edition of the social and educational campaign called “Drugs – the best way out is not to get in”. The first edition was conducted in 2002. The general aim of the campaign was sensitising young people to the risk of health and social harm related to drug use. The specific aims in 2003 comprised disseminating information among youth on risky behaviour, health and social harm related to drug use as well as spreading information on anti-drug helpline and facilities providing assistance to drug users. The campaign relied on a number of informative and educational undertakings through different media. While preparing the media elements the Bureau tried to cooperate with television channels, magazines addressed to young people as well as take advantage of new ways and methods of circulating information, especially popular with youth (the Internet). Considering social conditioning of drug use providing information to recreation facilities and places of mass entertainment frequented by young people was planned. During the campaign a short anti-drug movie called “Labyrinth” was shown on TV. On the radio listeners could listen to a series of radio broadcasts on drugs problems. Furthermore, in the youth press posters appeared warning against use of psychoactive substances in various social contexts as well as articles on negative consequences of using drugs. Specially for the purposes of the campaign 2 types of leaflets were published and distributed as well as preventive posters.

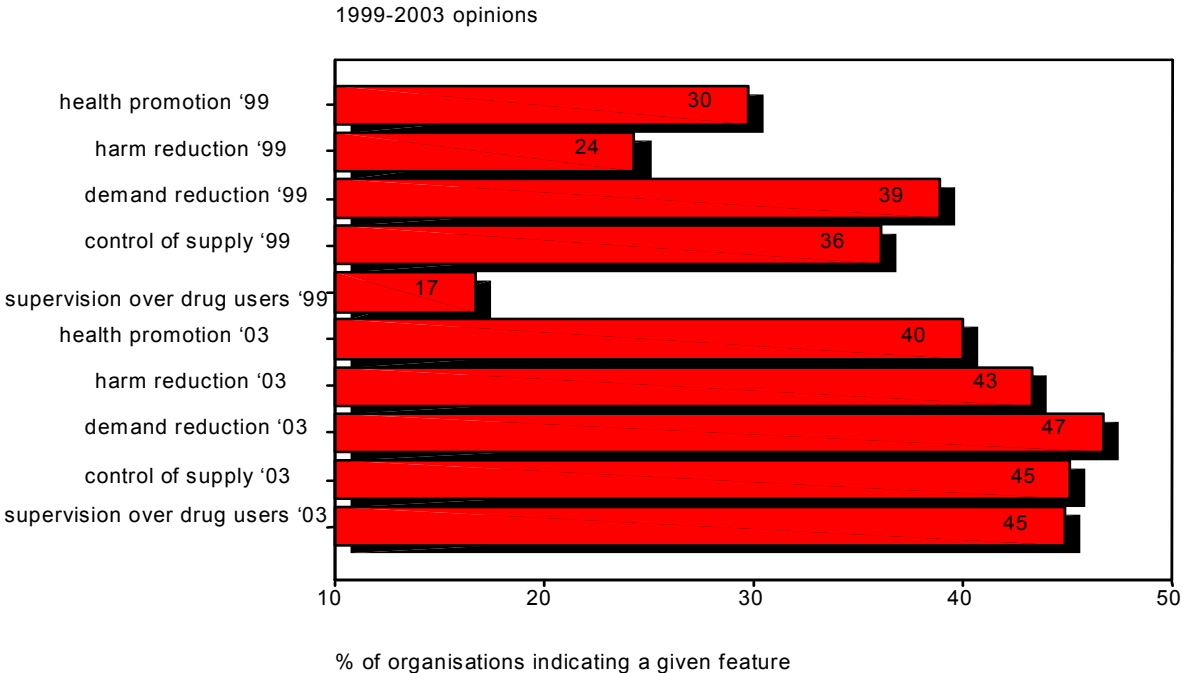
In 2003 upon commission of the National Bureau for Drug Prevention a research project mentioned on p.13 under “Institutional framework, strategies and policies: Research, Monitoring and Evaluation” was conducted. It was called “Institutional conditioning of drug prevention” and its implements was ARS-C Robert Sobiech. The project covered organizations operating at a national level and implementing drug demand reduction programmes. The evaluation of national anti-drug strategy was analysed. A comparative analysis was also performed against results of similar project of 1999. The research project was conducted among 32 organizations dealing with demand reduction and operating nationwide. The research of 1999 covered 37 organizations.

The research provided information allowing for determination of specific features of Polish drug policy. The analysis of the end of the 1990s indicated that compared to other countries drug policy appeared as vague and short of specific priorities. It resulted mainly from poor knowledge of leaders of Polish organizations out of whom approx. 30% could not enumerate specific features of national drug policy. A similar lack of orientation was also noted in 2003.

The evaluation of Polish drug policy made by the respondents of crystallised opinions showed that it is not associated with any specific features of national policies in other countries. As it is shown by Figure 1 it was often referred to as aimed at health promotion, harm reduction,

demand reduction, control of supply or a legal supervision over narcotic drug users. The evaluation of drug policy was little dependent on belonging to a governmental or non-governmental sector, type of organization or period of operation. Insignificant differences were noted only in the case of control of supply and legal supervision over narcotic drug users. The above features were mainly reported by representatives of government institutions and the youngest organizations.

Figure 1. Drug policy features



Slightly more information on specifics of national drug policy is provided through strengths and weaknesses of Polish drug prevention (Table 5). The most often indicated advantage was common knowledge of the problem and the awareness of resulting dangers as well as coherence and effectiveness of implemented policy. Among other strengths of Polish policy was priority treatment of prevention programmes, which in the eyes of respondents constitute anti-drug strategy.

The most serious weakness (Table 6) was insufficient financing of performed actions and, paradoxically, lack of coherent, well-coordinated and clear anti-drug strategy.

Table 5. Strengths of Polish drug policy
(most important feature) vs. status of organization

% from status

		status		In total
		public sector	NGOs	
advantages of drug policy '03.	common knowledge of problem	10,0	20,0	19,4
	cooperation of organization		10,0	6,5
	qualified staff		15,0	9,7
	prevention programmes	10,0	20,0	16,1
	therapeutic programmes		5,0	3,2
	harm reduction programmes	20,0	10,0	12,9
	coherent policy	30,0	15,0	19,4
	supply reduction actions	10,0		3,2
	other	20,0	5,0	9,7
In total		100,0	100,0	100,0

Table 6. Weaknesses of Polish drug policy
(most important feature) vs. status of organisation

% from status

		status		In total
		publi sector	NGOs	
faults in drug policy '03.	poor awareness of problem	20,0		6,5
	repressive policy		15,0	9,7
	no coherent policy	20,0	25,0	22,6
	no coordination of actions		20,0	12,9
	no financial resources	40,0	20,0	29,0
	Other	20,0	20,0	19,4
In total		100,0	100,0	100,0

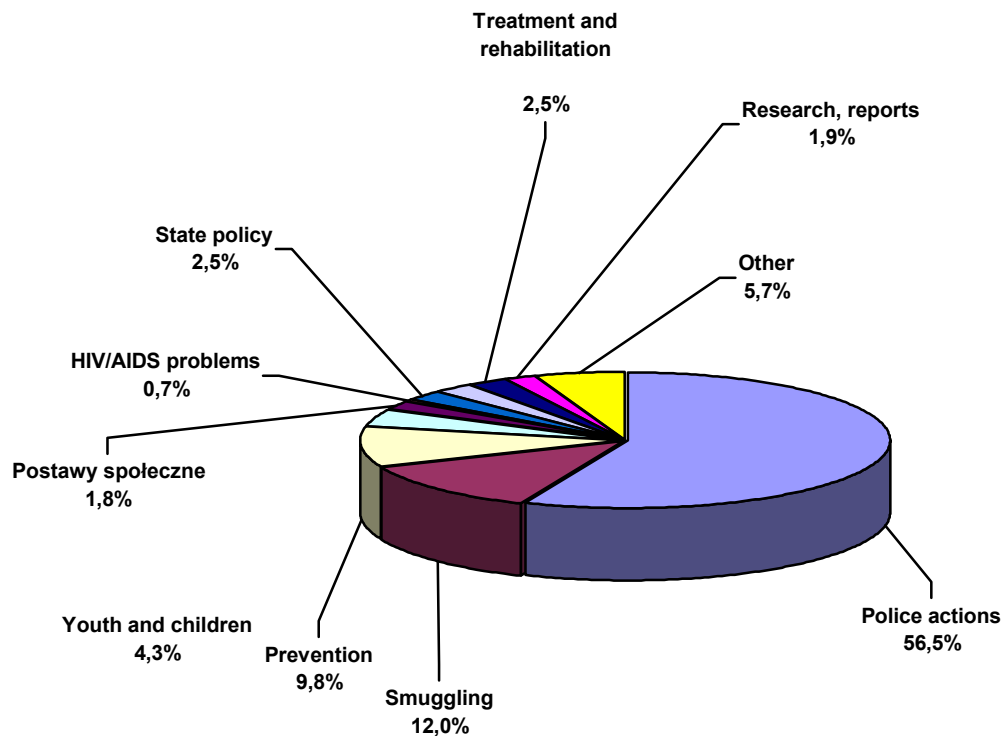
Furthermore, the National Bureau for Drug Prevention publishes quarterly a selection of press articles problem. The aim of the publication is to obtain information on the way of social perception of drug problems and information on new trends and phenomena requiring intervention at the level of management and planning. Press articles frequently supersede scientific research and are the first signals of new trends in the use of drugs and new substances.

The quarterly selection of press articles on drug addiction also features short quantitative analysis thereof. Reports of drug addiction come from 89 press titles. The publications are divided according to different thematic fields:

- Police actions, i.e. tracking individuals engaged in illegal production and trafficking in drugs. Among the information there are often reports of court trials of individuals charged with illegal production and trafficking in narcotic drugs as well as reports of police actions concluded with detention of individuals engaged in drug dealing.
- Smuggling, i.e. information on prevented attempts to smuggle drugs and criminal trials of the accused individuals.
- Drug prevention covering articles on anti-drug education and launched actions and anti-drug campaigns.
- HIV/AIDS problem – articles on drugs problem in the context of HIV positive persons and those sick with AIDS.
- State policy – information on legal changes and state policy directions in the field of counteracting drug addiction.
- Local government – articles on activities of local authorities in the field of counteracting drug addiction.
- Treatment and rehabilitation – information on various drug treatment programmes.
- Young people, schools – publications on drugs problem in schools and among youth as well as prevention activities addressed to school youth.
- Social attitudes towards drug addiction, drugs and drug addicts.
- Report on conducted research
- Other – articles which were not classified under any of the above subjects.

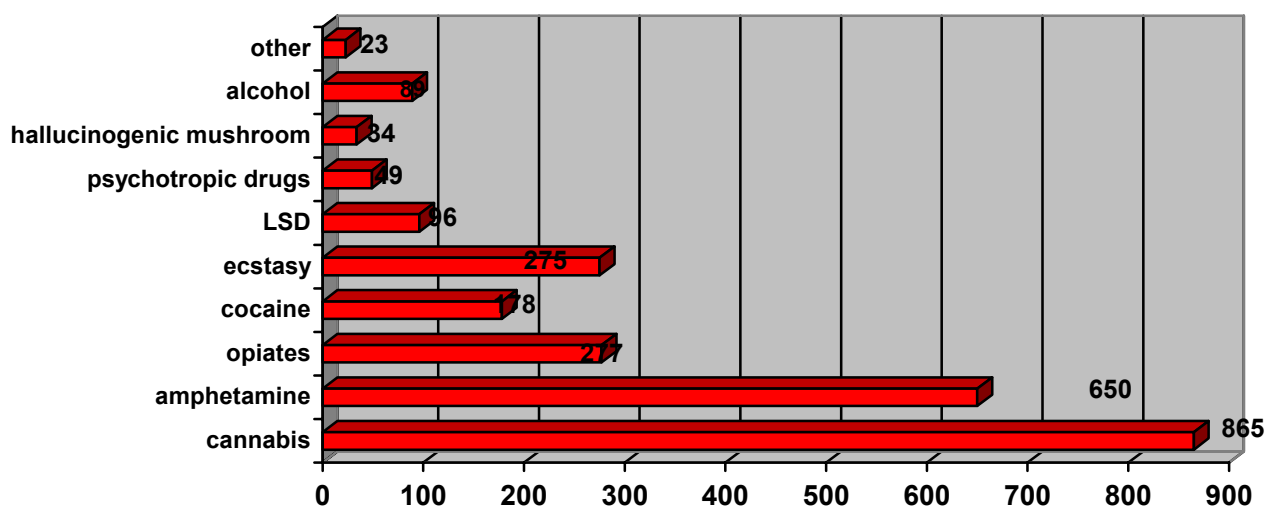
The Figure below (Figure 2) shows a percentage breakdown of articles classified under the above thematic groups. In 2003 the major theme were the reports of violations of the Act on Counteracting Drug Addiction, most often publications on supply reduction. Police actions against drug traffickers constituted more than half of the articles in the breakdown. Second came the information on drug smuggling. Also information on substances, social attitudes and research results were published. Readers could find addresses of facilities providing assistance.

Figure 2. Drug themes in publications of 2003.



It is worth noting what drugs appeared in the publications. Similarly as in the previous years the most frequent substance in the press reports was cannabis, second came amphetamine.

Figure 3. Ranking of psychoactive substances appearing in the publications on drug addiction in 2003.



2. Drug Use in the Population

Using of psychoactive substance is a topic of nation-wide study on the problem of youth realized by CBOS (Center for Study of Public Opinion) since 1992. The study is repeated every two-three years. The specific measurements were conducted in 1992, 1994, 1996, 1999 and 2003. The survey covers the random sample of students of last year of secondary schools (age 17-20 years). The way the investigated population is defined decides that the age is closely correlated with the type of school. In Poland, there are three type schools: - three-year vocational schools, general four-year schools and five-year vocational schools. The sample was selected according to the random-cluster scheme. The survey was of anonymous character and was carried by interviewer not related to schools and teachers were absent during the survey. The self-administered questionnaire was used to collect information. The respondents were asked about tobacco smoking, drinking beer, wine and vodka as well as about using other psychoactive drugs over the 12 months preceding the survey. The question about drug use is incomparable to the ESPAD - as the question about the use of drugs over the 12 months preceding the survey was asked (Did you use drugs during the past 12 months ?) If the answer was positive, the respondent was next asked an open question on the type of drugs.

The following results were obtained regarding the prevalence of 12 months use of drugs in the following years:

1992 – 5%

1994 – 10%

1996 – 10%

1999 – 18%

2003 – 24%

The products of cannabis were enumerated most frequently. In addition, the respondents mentioned amphetamine and ecstasy. As it comes out from studies conducted in 1999 among the school youth with the use of qualitative methods, cannabis is frequently not perceived as a drug, at all (Fatyga, Sierosławski, 1999). According to some students, cannabis is a completely safe herb, which creates no dependency. Such definition of cannabis might result in under-estimation, when we ask about the use of drugs in general.

In 2003 the question on drug use during the last 30 days before survey was apply. The positive answer was given by 13% students.

In 2002, in the school survey conducted in Poland since 1990 by Warsaw's University in the framework of WHO project (HBSC), concerning the health related behaviours of youth; the question about drug use was asked. The question intended to measure prevalence, and was taken from ESPAD, therefore, the results are of justified, comparable character. The study

covered 11 years of age students and 13 years of age students and students in the age 15 years. The last age group is close to the population studied in ESPAD. The results regarding last 12 months use in the group of third grade of gymnasium students (age: 15) are presented in table 7 and 8.

Table 7. Substance use on the last 12 months by students age 15 – total and breakdown by gender (HBSC)

	Total	Boys	Girls
Any illicit drug	18	24	13
Marijuana or hashish	15	21	9
Amphetamines	4	5	3
LSD or other hallucinogens	1	2	1
Cocaine	1	2	0
Ecstasy	2	3	1
Heroin	1	1	1
Tranquillisers or sedatives	3	2	4
Inhalants	4	4	3
“Polish heroine”	1	1	0

Table 8. Substance use on the last 12 months by students age 15 – total and breakdown by urban and rural area (HBSC)

	Total	Urban	Rural
Any illicit drug	18	22	13
Marijuana or hashish	15	18	9
Amphetamines	4	5	3
LSD or other hallucinogens	1	1	1
Cocaine	1	1	1
Ecstasy	2	2	1
Heroin	1	1	1
Tranquillisers or sedatives	3	4	2
Inhalants	4	4	3
“Polish heroine”	1	1	1

As presented in table 7, the most frequent among both boys and girls was use of cannabis. The prevalence on the level higher than 1% was noted in case of amphetamine, inhalants, tranquillisers and sedatives, taken without doctor prescription and ecstasy. The most of substance was more prevalent among boys than girls. Only tranquillisers, taken without doctor prescription was observed more often among girls than among boys. Most substances was more prevalent in urban area than in rural area (cannabis, amphetamines, ecstasy, tranquillisers and sedatives, inhalants. In case of other substances the prevalence was the same in both urban and rural areas.

The differences between boys and girls are the reflex of gender variation among adult population. Among older youth as well as adult population tranquillisers are the specific drug for females and other drugs are more prevalent among males.

In May and June 2003 ESPAD was conducted on a representative sample of third grade pupils of upper-primary schools (aged 15-16) and second grade pupils of secondary schools (aged 17-18). The survey was conducted in line with the methodology of international project taken upon initiative of Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) operating by the Council of Europe and coordinated by CAN from Stockholm. The aim of the study was measuring the prevalence of the use of psychoactive substances by young people.

The study is the third in the series. The previous two were conducted in 1995 and 1999. It facilitates not only estimation of the size of the problem but also changes that have taken place in the recent years.

The figures on lifetime prevalence of psychoactive substances other than alcohol and tobacco is presented in Table 9.

Table 9. Lifetime prevalence substances

Grade level		1995	1999	2003
Third grade at upper-primary schools	Marijuana or hashish	10.1	15.1	19.2
	Inhalants	10.4	9.1	9.3
	Non-prescription tranquillisers or sleeping pills	18.5	18.3	17.3
	Amphetamine	2.9	7.4	6.0
	LSD or other hallucinogens	1.9	4.0	2.5
	Crack	0.5	1.0	1.6
	Cocaine	0.8	1.9	2.2
	Relevin	0.4		1.0
	Heroin	0.8	5.7	1.8
	Ecstasy	0.8	2.8	2.8
	Hallucinogenic mushrooms			3.5
	GHB			0.8
	Injecting drugs			1.2
	Alcohol and pills			8.4
	Alcohol and marijuana			11.3
	Anabolic steroids	2.8	3.4	2.9
Polish heroin (kompot)			2.3	

Grade level		1995	1999	2003
Second grades at secondary schools	Marijuana or hashish	17.1	22.4	36.7
	Inhalants	7.9	5.4	6.3
	Non-prescription tranquillisers or sleeping pills	20.8	20.8	20.1
	Amphetamine	2.8	10.5	15.4
	LSD or other hallucinogens	2.7	3.5	4.2
	Crack	0.4	0.8	1.4
	Cocaine	0.8	1.8	2.4
	Relevin	0.3		0.6
	Heroin	0.6	6.8	2.2
	Ecstasy	0.6	2.7	5.8
	Hallucinogenic mushrooms			4.9
	GHB			0.6
	Injecting drugs			0.7
	Alcohol and pills			14.6
	Alcohol and marijuana			23.4
	Anabolic steroids	4.0	2.6	3.5
Polish heroin (compote)			1.2	

Table 9 figures show that among pupils of lower grades the first place in terms of prevalence is taken by marijuana and hashish (19%), then come tranquillisers and sleeping pills available without prescription (17%). Among higher grades pupils the first place is also occupied by marijuana and hashish (37%). Non-prescription tranquillisers and sleeping pills also came second (20%). Inhalants were placed third (9%) and amphetamine (6%) fourth. In older cohort the third and fourth place were taken by amphetamine (15%) and inhalants and ecstasy (each 6%) respectively. Among upper-primary school pupils the threshold of 2% prevalence is crossed by LSD (2.5%), cocaine (2.2%), ecstasy (2.8%), hallucinogenic mushrooms (3.5%), anabolic steroids (2.9%) or Polish heroin (2.2%). Among older pupils an analogous list of lifetime prevalence substances that have been used by more than 2% of the subjects is similar and covers LSD (4.2%), cocaine (2.4%), heroin (2.8%), hallucinogenic mushrooms (4.9%), anabolic steroids (3.5%). In the case of the majority of substances higher experimenting rates must be noted among older rather than younger groups. Only experiments with inhalants and Polish heroin are reported by upper-primary school pupils.

GHB, a new drug in Poland, had ever been used by less than 1% of the subjects. A very low prevalence is also reported in terms of Polish heroin. These substances had ever been used by a similar percentage of subjects, not far away from those who reported using a non-existent re Levin.

Attention must be paid to a very low prevalence (close to 1%) of injecting drug use. However, serious concern should be expressed at considerable percentages of youth experimenting with alcohol in connection with medicines (8.4% in younger cohort and 14.6% in the older one) or marijuana (8.4% in younger group and 23.4% in the older one).

Comparing the results of 2003 with the ones of 1999 and 1995 a visible surge must be noted in the percentage of pupils experimenting with cannabis. In the younger group the increase between 1999 and 2003 was slightly lower than in the previous 4-year period although slackening of the increase is not too big. In the older group the percentages of pupils who had used cannabis at least once surged more significantly in the years 1999-2003 than in the years 1995-1999 so here we observe an increasing upward trend. The changes in experimentation with marijuana and hashish in the younger and older group reflect reverse trends. Similar situation occurs in several other substances. The prevalence of amphetamine, LSD and anabolic steroids after increase within both groups in the years 1995-1999, decreased slightly in the younger group whereas in the older one the upward trend is continuing. Prevalence of experimenting with ecstasy also after increase in the years 1995-1999 both among younger and older pupils, in the next four years stabilised in the younger group and kept rising in the older one. This upward trend through the whole 8-year period of ESPAD surveys shows that in both groups prevalence of experimenting with cocaine, despite steady increase in use, the percentage still remains at a very low level not exceeding 2.5%. A separate comment should be made on the heroin results. In both groups the percentages of subjects taking this substance visibly rose in the years 1996-1999 and then fell in 2003 to a level slightly higher than the one of 1995. A rapid surge of the 1999 percentage can be explained with a change in the questionnaire introduced in 1999. In 1995 there were general questions about heroin use; however, in 1999 separate questions referred to 'brown sugar' and so called 'white' heroin. In 2003 the version of 1995 was re-introduced. 'Brown sugar' appeared on a larger scale in the second half of the 1990s. At the same time Polish drug scene witnessed emerging new types of cannabis called 'skunk' of higher THC content. Different myths surrounded this substance. It cannot be precluded that some young people reporting their experiences with drugs confused these substances. The fact enhancing the popularity of 'brown sugar' was the effect of the new. New trendy substance with a label of relatively safe could provoke young people into trying. It is hard to determine what contribution into the increase of percentage observed in 1999 was made by the changes in the questionnaire and what the real increase in prevalence was.

Last but not least one must point to the lack of differences or slight decrease in prevalence of psychoactive substances other than alcohol in Poland, i.e. tranquillisers and sleeping pills taken without a doctor's prescription as well as inhalants.

The prevalence of attempts at psychoactive substances other than alcohol or tobacco is gender dependent. The relationship between substance use and gender appears at both school levels. Boys are more willing to declare attempts to use practically all substances except tranquillisers and sleeping pills. Experimenting with tranquillisers and sleeping pills is far more popular with girls. Also the experiments of combining alcohol with pills are observed more frequently among boys rather than girls.

The indicator of current substance use is usually defined as substance use in the last 12 months prior to survey. The figures of Table 10 show that the most popular substance within current use is cannabis. 14.5% of third-graders of upper-primary schools and 26.1% of second-graders of secondary schools use it. Within the younger group second comes tranquillisers and sleeping pills taken without prescription (8.9%) and in the older group it is amphetamine (9.6%) and tranquillisers and sleeping pills (9.4%).

It is also easy to observe the relationship between current substance use and gender. Similarly to experimenting it occurs more often among boys rather than girls except tranquillisers and sleeping pills taken without a doctor's prescription.

The period of the last 30 days prior to survey can be assumed as the indicator of relatively frequent and occasional use. Smoking marijuana or the use of other substances, similarly as drinking alcohol, in the majority of cases is not of regular character. Therefore one can hardly be sure that all the pupils who declared contact with a given substance in the last 30 days use it at least once a month. However, it can be assumed, with an approximation, that the proportions of those using it once a month among those who have not used it in the last month equal proportions of those who use it more seldom and confirm using in the last 30 days prior to survey. With such an assumption it can be concluded that 8.3% of third-graders at upper-primary schools and 13.3% of second-grader at secondary schools smoke marijuana or hashish at least once a month (Table 11)

Table 10. Substance use on the last 12 months

Grade level		1995	1999	2003
Third grades at upper-primary schools	Marijuana or hashish	6.9	12.3	14.5
	Inhalants	4.3	4.3	4.1
	Non-prescription tranquillisers or sleeping pills		6.4	8.9
	Amphetamine		6	3.5
	LSD or other hallucinogens		3	1.4
	Crack			.9
	Cocaine		1	1.4
	Relevin			.6
	Heroin		1	1.0
	Ecstasy			1.7
	Hallucinogenic mushrooms			1.7
	GHB			0.4
	Injecting drugs			0.6
	Alcohol and pills			4.9
	Alcohol and marijuana			7.8
	Anabolic steroids		2	1.8
	Polish heroin (kompot)			1.1
Second grades at secondary schools	Marijuana or hashish	10.0	17	26.1
	Inhalants	2.8	1	2.2
	Non-prescription tranquillisers or sleeping pills		5	9.4
	Amphetamine		7	9.5
	LSD or other hallucinogens		2	2.0
	Crack			0.7
	Cocaine		1	1.5
	Relevin			0.4
	Heroin		1	0.8
	Ecstasy			3.5
	Hallucinogenic mushrooms			2.5
	GHB			0.5
	Injecting drugs			0.4
	Alcohol and pills			6.6
	Alcohol and marijuana			13.7
	Anabolic steroids		2	2.3
	Polish heroin (kompot)			0.7

Table 11. Substance use in the last 30 days

Grade level		1995	1999	2003
Third grades at upper-primary schools	Marijuana or hashish	3.1	7.4	8.3
	Inhalants	1.8	1.9	2.5
	Non-prescription tranquillisers or sleeping pills		2.9	4.6
	Amphetamine		3.9	1.7
	LSD or other hallucinogens		1.9	0.6
	Crack			0.5
	Cocaine		1.2	0.6
	Relevin			0.3
	Heroin		1.3	0.6
	Ecstasy			1.0
	Hallucinogenic mushrooms			0.8
	GHB			0.2
	Injecting drugs			0.3
	Alcohol and pills			2.7
	Alcohol and marijuana			3.7
	Anabolic steroids		1.8	1.1
	Polish heroin (kompot)			0.7
Second grades at secondary schools	Marijuana or hashish	3.3	8.6	13.3
	Inhalants	1.4	1.0	1.2
	Non-prescription tranquillisers or sleeping pills		2.1	4.7
	Amphetamine		3.6	5.1
	LSD or other hallucinogens		1.5	0.6
	Crack			0.4
	Cocaine		0.6	0.8
	Relevin			0.1
	Heroin		0.7	0.4
	Ecstasy			1.9
	Hallucinogenic mushrooms			0.8
	GHB			0.2
	Injecting drugs			0.2
	Alcohol and pills			2.9
	Alcohol and marijuana			7.0
	Anabolic steroids		2.2	1.1
	Polish heroin (kompot)			0.2

Similarly to the case of the use in the last 12 months the younger group reported, in the younger group the second place in terms of frequent use is taken by tranquillisers and sleeping pills taken without prescription (4.6%) and in the older group it is amphetamine (5.1%) as well as tranquillisers and sleeping pills (4.7%). Inhalants are placed third in terms of prevalence among younger pupils (2.5%) and in the case of the older ones it is ecstasy (1.9%).

Similarly as in the previous indicators vital differentiation is related to gender. More boys than girls frequently take each of the substances except tranquillisers and pills taken without a doctor's prescription, which are preferred by girls. Amphetamine use ranks equally both among boys and girls. It should be noted that the percentages of frequent cannabis users among boys of third grades of upper-primary schools oscillate around 11% and in third grades of secondary schools reach the level of 20%.

The attempt at obtaining normative references to the use of individual psychoactive substances was the question about the behaviour assessment of somebody who takes individual substances from time to time.

The subjects answered questions by means of categories in Table 12, i.e. "I don't disapprove of", "I disapprove of" and "I strongly disapprove of". Evading a question was an option.

Table 12. Disapproving of the use of individual substances

Grade level		I don't disapprove of	I disapprove of	I strongly disapprove of	I don't know
Third grades at upper-primary schools	Smoking cigarettes from time to time	65.8	19.2	6.1	9.0
	Smoking 10 or more cigarettes a day	36.3	33.8	21.7	8.2
	Drinking alcohol once or twice a year	88.9	5.2	2.0	3.8
	Drinking one or two "cocktails" a few times a week	48.5	30.9	7.6	13.0
	Getting drunk once a week	25.5	37.1	28.1	9.2
	Trying marijuana or hashish once or twice	32.0	26.4	34.3	7.3
	Smoking marijuana or hashish from time to time	25.6	29.2	38.2	7.0
	Smoking marijuana or hashish from regularly	14.4	26.6	53.4	5.7
	Trying LSD or some other hallucinogenic drug once or twice	19.0	30.1	42.9	8.0
	Trying heroin once or twice	17.5	32.2	43.7	6.6
	Trying tranquilisers or sleeping pills (without doctor's prescription)	28.8	30.9	28.5	11.7
	Trying amphetamine once or twice	21.1	31.3	40.8	6.8
	Trying crack once or twice	17.0	31.6	41.8	9.6
	Trying cocaine once or twice	17.5	32.4	42.8	7.3
	Trying ecstasy once or twice	20.0	31.1	40.9	8.0
	Trying inhalants once or twice	17.4	32.8	42.0	7.8
Trying Polish heroin (kompot) once or twice	17.0	31.3	43.8	8.0	
Second grades at secondary schools	Smoking cigarettes from time to time	71.8	16.6	5.4	6.2
	Smoking 10 or more cigarettes a day	44.9	30.3	18.3	6.6
	Drinking alcohol once or twice a year	93.7	2.7	1.6	2.1
	Drinking one or two "cocktails" a few times a week	53.1	28.3	5.5	13.1
	Getting drunk once a week	28.9	36.3	25.2	9.6
	Trying marijuana or hashish once or twice	42.5	22.1	28.2	7.2
	Smoking marijuana or hashish from time to time	31.7	29.6	31.9	6.9
	Smoking marijuana or hashish from regularly	14.3	30.5	50.0	5.3
	Trying LSD or some other hallucinogenic drug once or twice	21.3	29.3	41.0	8.3
	Trying heroin once or twice	16.7	30.3	45.8	7.2
	Trying tranquilisers or sleeping pills (without doctor's prescription)	30.4	30.5	26.1	12.9
	Trying amphetamine once or twice	26.3	29.1	37.6	7.0
	Trying crack once or twice	16.8	30.3	41.9	11.0
	Trying cocaine once or twice	16.8	30.4	44.9	7.9
	Trying ecstasy once or twice	21.6	29.4	40.9	8.0
	Trying inhalants once or twice	14.8	31.9	46.3	7.0
Trying Polish heroin (kompot) once or twice	13.8	29.9	48.9	7.4	

The list of the assessed substances included both legal substances (cigarettes, alcoholic beverages, inhalants, tranquillisers and sleeping taken without a doctor's prescription) and illegal ones (marijuana, amphetamine, LSD, ecstasy, cocaine, crack, 'kompot'). Additionally using alcohol, tobacco and cannabis was made differential as to intensity. As it had been expected legal substances were generally more seldom disapproved of. It must be noted that the percentages of subjects disapproving of the use of substances such as amphetamine, cocaine or 'kompot' are not only high but also differ insignificantly from one another. The assessment of marijuana use is not so unequivocal any more. The percentages of pupils disapproving of using marijuana or hashish from time to time are similar as in the case of getting drunk once a week and considerably lower compared to the above-mentioned drugs. The survey results revealed therefore a tendency to different treatment of cannabis and so-called 'hard' drugs. It means that in the eyes of young people marijuana does not possess the clearly the same 'image' as other drugs. The degree of disapproval of drinking alcoholic beverages is strongly differential depending on the intensity of drinking. The most lenient assessment relate to drinking twice a year at most, then drinking one or two cocktails a few times a week, and getting drunk once a week is most disapproved of. Smoking cigarettes, if on a daily basis, is located between drinking a few times a week and getting drunk once a week. The result comparison of younger and older grades indicates higher level of liberalism among older pupils. In the majority of substances secondary school pupils more often than upper-primary pupils ticked the answer "I don't disapprove of" and less often "I strongly disapprove of".

The comparison of the 2003 results and the 1999 results does not reveal any considerable differences, besides a slight tendency to more frequent liberal attitude towards cannabis.

The global effect of prevention activities performed in schools may be stated after comparing answers to the question about substance use among those who participated in prevention classes and those who did not attend them. The figures on this subject are presented in Table 13.

Table 13. Participation in prevention classes vs. cannabis use

Grade level			Marijuana or hashish use in the last 30 days	
			Yes	No
Third grades at upper-primary schools	question of drug use	Yes	8.0	8.0
		No	92.0	92.0
Second grades at secondary schools	question of drug use	Yes	12.2	14.2
		No	87.8	85.8

It comprises percentages of subjects who reported using individual substances in the last 30 days prior to survey among those who had ever attended classes devoted to a given substance and among those who had never attended such classes. The reference point for smoking marijuana or hashish were the drug classes.

It must be noted that no dependence of cannabis use and participation in school prevention classes devoted to these substances was found. Regardless of whether the subjects participated in prevention classes or not, their behaviours in terms of psychoactive substances did not differ significantly. On the other hand the majority of young people are well familiar with health harm and social risks of the use of psychoactive substances. According to respondents, the degree of risk is more dependent on the intensity of use rather than a type of substance.

3. Prevention

Universal prevention

SCHOOL

The task of the Ministry of National Education and Sport is enabling schools to implement systemic prevention. In 2002 the school curriculum aims and statutes were amended. Schools are obliged to run problem prevention programmes addressed to children and youth that are coherent with the school's educational programme.

A school prevention programme should in a complex way describe all contents and actions of prevention nature addressed to pupils, teachers and parents.

The study of 2003 conducted by the Ministry of Education shows that 60% of schools are currently implementing prevention programmes, 20% diagnosed needs and problems. Drug prevention programmes are part of school prevention plan. Drug prevention is mainly implemented by upper-primary and secondary schools.

Furthermore, in 2003 “*Conduct procedures of teachers and methods of schools’ cooperation with the police in situation of children and youth endangered by crime, drug addiction, alcoholism and prostitution*” started to be disseminated.

Upon initiative of the Ministry of National Education and Sport a guide entitled “School prevention programme: essence, design, evaluation” was also published. It contains description of procedures and standards as well as methods and evaluation tools.

FAMILY

Assistance to drug addiction endangered persons or their families is provided in a differential manner through self-help programmes, helplines and counselling. Prevention programmes addressed to children and youth aim at work with parents. That is why descriptions of prevention programmes addressed to specific target groups also contain information on cooperation with families (paragraph on selective/indicated prevention).

The following programmes are addressed to parents (examples):

1. “School for parents and teachers”

Programme approach – family approach, school programme, educational programme

Specific objective - to strengthen the role and parent up-bringing ability

Basic assumption - programme based on life skills model, it takes into account the strengthening of protective factors such as – communication skills, problem solving skills, good relations in the family

Target group – general population of youth, vulnerable young people

Strategic target group – teachers, parents

Implementation setting – school, facilities outside school managing by NGOs

Staff involved – well-trained staff from educational or health system

2. “Family aid” (NGOs), “Drugs & Drug abuse” (governmental)

Programme approach – national telephone helplines

General objective – information, counselling, support

Target group – teachers, parents, drug users, general population

Implementation setting – outpatient clinics; run by the National Bureau for Drug Prevention and NGOs

Staff involved – psychologists, pedagogues

3. “Family outpatient clinic”

Programme approach – health care units

General objective – to help a family cope with drug problems

Actions used within the programme – information, counselling, crisis intervention, education, parent groups, upbringing skills training, family therapy (based on the systemic approach)

It takes into account the strengthening of protective factors such as – communication skills, problem solving skills, good relations in the family.

Target group – vulnerable young people, drug users and their parents

Strategic target group – family

Implementation setting – local communities, outpatient clinics; managed by NGOs

Staff involved – psychologists, pedagogues, psychiatrists, lawyers

4. “Parents for parents” – programme with a long tradition

Programme approach – health care units

General objective – to help a family cope with the drug problems

Actions used within the programme – information, counselling, local telephone helplines, self-help groups,

It takes into account the strengthening of protective factors such as – communication skills, problem solving skills, good relations in the family.

Target group – vulnerable young people, drug users and their parents

Strategic target group – parents

Implementation setting – community, outpatient clinic; managed by NGOs

Staff involved – educated parents who have children with drug problems, voluntary workers

COMMUNITY

The primary aim of the National Programme for Counteracting Drug Addiction (2002-2005) within drug prevention is increasing the involvement of local communities in preventing the use of psychoactive substances.

The National Programme imposes on local governments the obligation to perform the following tasks:

- incorporating drug prevention in local and regional strategies of solving social problems, in particular in the part relating to diagnosis of the scope of drugs problem as well as planned preventive actions,
- supporting primary, upper-primary and secondary schools in developing prevention activities, in particular covering diagnosis of the scope of drugs problem in school and implementation of an adequate prevention programme,
- supporting prevention programmes in terms of organising leisure time of children and youth as an alternative to drug use
- supporting prevention programmes implemented outside school and addressed to drug endangered children and youth and their parents.

Here it must be added that Poland is a decentralised country with independent local governments. There are 16 provinces (województwa), 300 counties (powiaty) and approx. 2500 communes (gminy).

The monitoring report annually prepared by the National Bureau demonstrates that in 2003 all provincial governments developed anti-drug strategies. The provincial governments were deeply involved in diagnosing drugs problem and drug addiction. The ESPAD surveys conducted among youth on alcohol and drug use were conducted upon commission of provincial authorities in 7 provinces.

The majority of provincial governments provided support for school preventive actions by raising social awareness and educating professional groups on new methods and directions of prevention works. At a province level training courses were held for persons concerned with anti-drug strategy-planning whereas at a county and commune level support was provided in implementing programmes addressed to teachers and pupils.

The task of supporting the development of school preventive measures addressed to pupils was most often performed by county and communal governments. It was performed by 39% of counties and 36% of communes.

Prevention programmes aimed at organizing leisure time for children and youth as an alternative to drug use were supported by 75% of provincial governments, 25% of county governments and 24% of communal governments. This task was performed through organizing activities outside school, co-financing holiday camps and socio-therapeutic common rooms.

The actions addressed to drug endangered children and youth were co-financed by 94% of provincial governments, 20% of county governments and 14% of communal governments.

Within actions addressed to local communities an important role is played by the National Bureau for Drug Prevention. In 2003 the Bureau implemented eight training programmes on integrated approach to children and youth problem behaviour. The Bureau published a series of publications of educational and training character addressed to implementers of prevention activities in local communities and other target groups.

In 2003 the second edition of the campaign called “Drugs – the best way out is not to get in” was held and coordinated by the Bureau. The campaign involved the majority of provincial governments, which also launched their own campaigns. Central institutions as well as local governments ran training courses raising professional qualifications of persons concerned with performing drug prevention tasks,

Training courses were organized for personnel of schools, educational facilities, nurturing and upbringing centres, prison service, the army as well as social workers.

The issues of prevention in local communities are also described under the following paragraph on selective/indicated prevention.

SELECTIVE/ INDICATED PREVENTION

In compliance with the prevention tasks prescribed in the National Programme for Counteracting Drug Prevention (2002-2005), in 2003, just as in the previous years the following programs were being implemented:

1. Prevention programmes for drug endangered children and youth and their parents, run in community places, inter alia, clubs and socio-therapeutic common rooms and consultation points;
2. Prevention programmes for drug endangered children and youth, run in recreational facilities (discotheques, backyards).

Prevention programmes for drug endangered children and youth and their parents, implemented in community places, inter alia, clubs, socio-therapeutic common rooms and consultation points.

The programme recipients comprise neglected children and youth from dysfunctional families, including those with a drug problem, after having had the first contact with narcotic drugs. The aims of the programmes included reducing effects of children and youth growing up in an unfavourable family and peer conditions, improving their emotional and social functioning, developing habits of spending leisure time without narcotic drugs as well as supporting families in solving child’s drug-related problems. The above aims were reached through

informative, educational, upbringing and psycho-correctional actions as well as through interventions, activities in community prevention clubs.

The settings for the implementation of the above-mentioned prevention programmes included local community-based venues such as socio-therapeutic common rooms, upbringing facilities, youth clubs and prevention centres.

The recruitment was held through cooperation with local organizations and institutions, i.e. schools, educational and upbringing facilities, juvenile courts, health service centres and social help facilities.

In 2003 the National Bureau for Drug Prevention commissioned the implementation of prevention programmes to 40 non-governmental organizations.

The programmes were being implemented in:

- 104 community centres: socio-therapeutic common rooms, clubs, prevention centres and upbringing facilities.
- 1 residential socio-therapeutic centre (of whole-year stay)
- 16 consultation points and community prevention counselling facilities

Prevention programmes implemented in common rooms and clubs

The programmes of specialist help for parents of drug endangered children and youth were being implemented in the form of family-oriented counselling and specialist consultations. Group activities of psycho educational and therapeutic character were organized for families short of upbringing potential as well as families of drug endangered children. Activities of mediation and intervention character were undertaken in the case of family conflicts.

The tasks were performed by NGOs.

Prevention programmes implemented at consultation points

The main recipients of the programmes implemented at consultation points were drug endangered persons due to occasional drug use as well as their families. The aims of the implemented programmes covered change of children and youth behaviour in order to maintain abstinence, improvement of emotional and social functioning and support of families in solving their child's drug-related problems. The above-mentioned aims were reached through actions of educational, intervention and psycho-correctional character.

In 2003 the prevention programmes addressed to children and youth implemented at consultation points and subsidised by the National Bureau for Drug Prevention involved:

- 42 360 persons (this number covers regular and incidental recipients), including 38 467 persons aged below 19 years old.

- 14 938 parents (this number covers permanent and incidental recipients).

Moreover, in 2003 the operation of the Nationwide Helpline and the Nationwide Internet Counselling Centre for Drug Addiction was continued.

Nationwide Helpline “Drugs – Drug Addiction”

The Helpline’s offer is addressed to persons with drug problem – drug users, drug addicts and their families. The scope of help provided by Helpline workers includes informing on system of treatment, addresses of specific facilities, drug-related rules and regulations as well as offering advice and psychological support. The Helpline is open daily from 4 p.m. till 9 p.m. In 2003 1912 pieces of advice were provided, which constitutes an increase of 25% compared to the previous year. Similarly as in the previous years, phone calls from families of drug users made up the majority (approx. 60%).

The costs of the Helpline operation are covered by the National Bureau for Drug Prevention.

Nationwide Internet Counselling Centre for Drug Addiction

In 2003 the Nationwide Internet Counselling Centre for Drug Addiction continued its operation. This task, upon commission of the National Bureau for Drug Addiction, was performed by the Cracow Society of Drug Help. The undertaking is of pilot character. The website was visited by 11 436 persons. Furthermore, 337 pieces of advice were provided, which constitutes an increase of 100% compared to the previous year.

Prevention programmes for drug endangered children and youth implemented in recreational facilities (discotheques, backyards)

The programmes aimed at counteracting drug initiation and the reduction of risk related to occasional drug use. The programmes were implemented at recreational facilities such as discotheques and backyards, where drug initiation often occurs. The programmes featured community-based actions covering: education on the risk related to drug use, motivating to the change of behaviour, interventions, informing on the places of help for drug users as well as distribution of informative materials (leaflets, brochures).

The implementers were specially trained social workers from 5 non-governmental organizations. 4 programmes were devoted to harm reduction. They were implemented mainly in discothèques and pubs. One of the programmes called “Backyard leaders” was addressed to the youth experimenting with drugs and spending time at one of Warsaw blocks of flats estates. The programme “Woodstock stop 2003” relied on taking informative and educational

actions as well as interventions. It was carried out during one of the biggest open-air rock music festivals.

The number of recipients of the above-mentioned programmes who were provided with at least single piece of advice is estimated at 4000 occasional drug users and 166 discotheque staff members.

In 2003 the National Bureau for Drug Prevention continued subject-matter works on the project called "Evaluation of functioning and effects of programmes addressed to party drugs, implemented in clubs and discotheques". The aim of the project was evaluating 4 programmes of limiting youth's contact with psychoactive substances and reducing risks related to the use thereof. The programmes were commissioned by the National Bureau for Drug Prevention and implemented in Warsaw, Poznan, Lublin and Czestochowa.

In 2003 the following subject-matter tasks were completed:

- evaluation tools for initial problem diagnosis in discotheques and monitoring tools were developed and programme evaluations were made.
- quantitative data on the performed actions were gathered
- local surveys were conducted in 4 cities on the evaluation of the implemented programmes

The results of the evaluations will be available in 2004.

4. Problem drug use

The most recent estimation of the number of problem drug users (hidden population) was made in 2002 with the use of the 'benchmark' method within the framework of nationwide population survey of 2002. Respondents were asked to provide some information regarding each problem drug user they knew. The information collected covered residential drug treatment admissions, outpatient drug treatment admissions and HIV status. On the basis of the collected 751 'nominations' an assessment was performed regarding the percentage of treated drug users and the percentage of users with HIV-positive status. On the basis of 33.2% of drug users who undertook residential treatment it was possible to calculate that the total number of drug users was 3.02 times higher than the number of the ones that were treated. If in 2001 the number of individuals residentially treated because of drug addiction amounted to 10 993, the total number of drug users can be estimated as equal, approximately, to 33 200 individuals. In the similar way, on the basis of information received from the respondents and outpatient drug treatment the figure of 71 000 individuals was obtained. The last indicator – HIV status brings the number of 60 000 persons.

Similar, regarding the scope, however somewhat higher figures were received regarding the indicator of additional estimation, which was calculated on the ground of a study conducted in 1993 in two provinces (wroclawskie and kieleckie) with the use of 'capture-recapture' method. According to treatment data it amounts to 4.6 and according to police data – 2.4. The estimation was made with the use of data of 1993 and resulted in the figure of 20 000 – 40000. The police data are no more collected. The use of recalculation factors to the nationwide treatment data for 2002 results in the estimation on the level of 64 000.

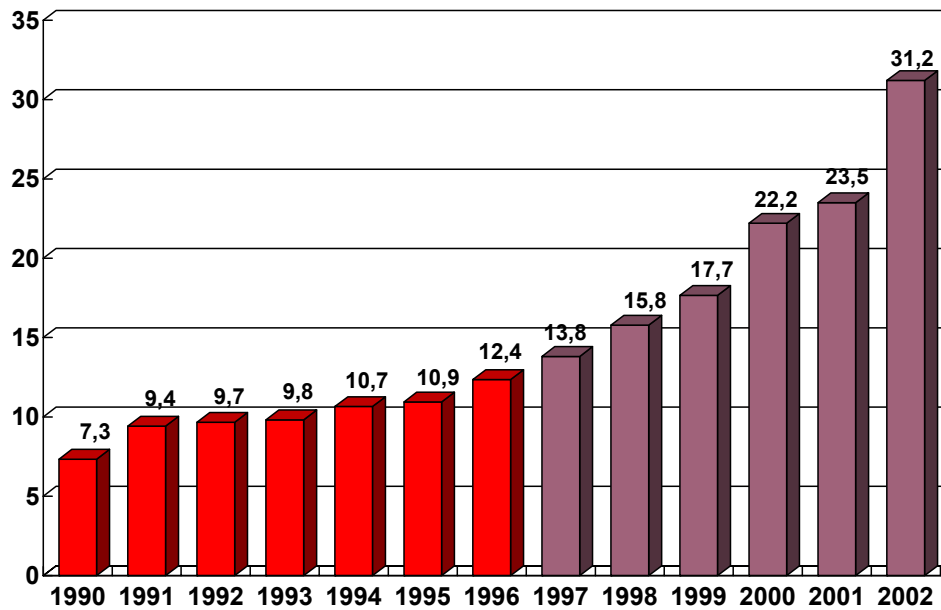
Taking assumption that the multiplier estimated in 2002 based on data from population survey is valid also for treatment data of 2002 we could estimated number of problem drug users in 2002 on the level of 45 000-80 000.

The estimation of epidemiological trends will be made with the use of indicators calculated on the basis of data from the inpatient clinics. The first one, i.e. the number of individuals admitted over the given year includes all individuals undertaking treatment in one of the clinics independently if the treatment was completed in a given year or continued in the next year. The second indicator is the number of first-time patients defined as individuals who for the first time in life in a given year were admitted for treatment in an in-patient clinic. The second indicator is in sense more sensitive tool. as it reflects the changes regarding the increase in number of new cases.

The analysis of data will be started with the indicator of admissions in a given year. In 2002 11 893 people were accepted for treatment. It signifies an increase of 33% compared to data of

2001 when the number of admitted amounted to 9.096. In 2001 the increase equalled 6% while in 2000 26% (figure 4).

Figure 4. Persons admitted to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304.305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19) – rates per 100 000 population



Source: Institute of Psychiatry and Neurology in Warsaw

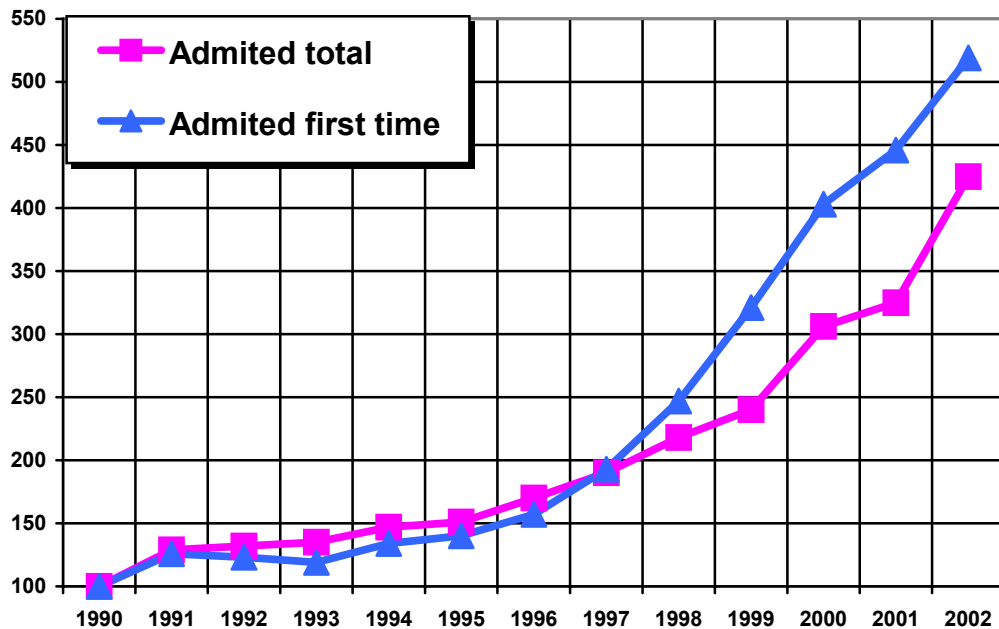
Taking into consideration incomplete comparability of data from the previous years one should point out the continuation of an upward trend since the beginning of the nineties (Figure 4 and 5). The indicator of admission to residential treatment, counted on 100,000 population grew every year, and increased more than four times if one refers to data from 2002 to 1990 (figure 5).

It is different when one analyses the first-time admissions.

At the beginning of the nineties the percentage of first-time admissions stood on the same level of around 40%. It means that the growth of the number of new cases was at the same pace as the growth of total number of treated individuals. Data for 1997 revealed an increase in the first-time admissions to the level of 46%. Till 2000 one could observe subsequent increase, up to 59%. It signifies that over half of patients admitted to in-patient clinics were accepted for the first time in their life.

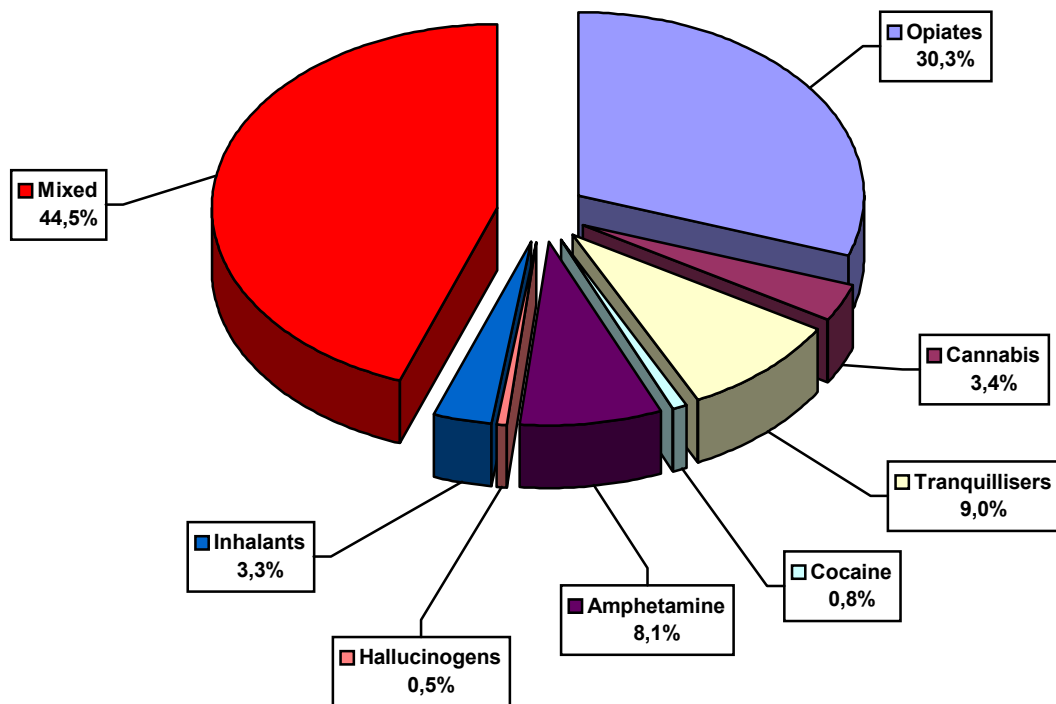
The changes regarding the dynamics of both indicators are quite well visible on the chart (Figure 6).

Figure 5. Dynamics rates of admissions to residential treatment due to drug addiction in 1990-1996 (ICD IX: 304. 305.2-9) and in 1997-2002 (ICD X: F11-F16. F18. F19)
(1990 = 100)



The admissions index for the entire period displayed an increasing trend but after 1995, it accelerated. The index of first-time patients after an increase in 1991 was falling over the subsequent two years to return to its upward tendency in 1994. It is worthwhile to notice that since 1996 the line depicting the first time admission trend has become steeper, which denotes the acceleration. To sum up, the data presented in the chart indicate that the total number of first time patients in 2002 increased by more than five times as compared to 1990. The structure of diagnosis according to the type of drug presented in figure 6 visualise weaknesses of the present classification of diseases.

Figure 6. Persons admitted to residential treatment due to drug addiction in 2002 (ICD X: F11-F16, F18, F19) by the type of drug abused



Source: Institute of Psychiatry and Neurology in Warsaw

Over 44% of individuals were classified as mixed and undefined. One can say nothing regarding drugs used by this group of patients. The most numerous is the group having the problem with opiates (30%). Next are tranquillisers (9%), substances from the group of amphetamines (8%), cannabis and volatile substances (both 3%). The remaining categories do not exceed 1%.

Table 14. Persons admitted to residential treatment due to drug addiction in 1997-2002 (ICD X: F11-F16. F18. F19) by the type of drug abused

Type of drug	1997		1998		1999		2000		2001		2002	
	N	%	N	%	N	%	N	%	N	%	N	%
Opiates	2313	43.3	2569	42.3	2652	38.8	3383	39.4	3674	40.4	3609	30.3
Tranquillisers	449	8.4	509	8.3	573	8.4	769	9.0	724	8.0	1074	9.0
Cocaine	46	0.9	45	0.7	52	0.8	50	0.6	19	0.2	98	0.8
Cannabis	70	1.3	110	1.8	164	2.4	246	2.9	269	3.0	409	3.4
Amphetamine	204	3.8	367	6.0	459	6.7	502	5.8	544	6.0	966	8.1
Hallucinogens	70	1.3	75	1.2	91	1.3	62	0.7	61	0.7	62	0.5
Inhalants	535	10.0	564	9.2	455	6.7	449	5.2	340	3.7	397	3.3
Mixed and unspecified	1649	30.9	1861	30.5	2381	34.9	3129	36.4	3465	38.1	5300	44.5
Total	5336	100.0	6100	100.0	6827	100.0	8590	100.0	9096	100.0	11915	100.0

Source: Institute of Psychiatry and Neurology in Warsaw

The comparable structures of diagnosis for the years 1997-2002 (table 14) reveal relatively insignificant changes. The only bigger one is a decrease of the percentage of inhalants users (1997 – 10%; 2002 – 3%) and increase of the percentage of individuals who abuse amphetamines, from 4% in 1997 to 8% in 2002 and cannabis from 1% in 1997 to 3% in 2002. The gender structure of individuals accepted for treatment has been more or less constant for many years. Since 1997 a slight downward trend of women percentages is noted (table 15). Women make up 26% of patients treated in 1997 and 23% in 2001 respectively. In 2002, compared to with 2001, the share of women remained stable.

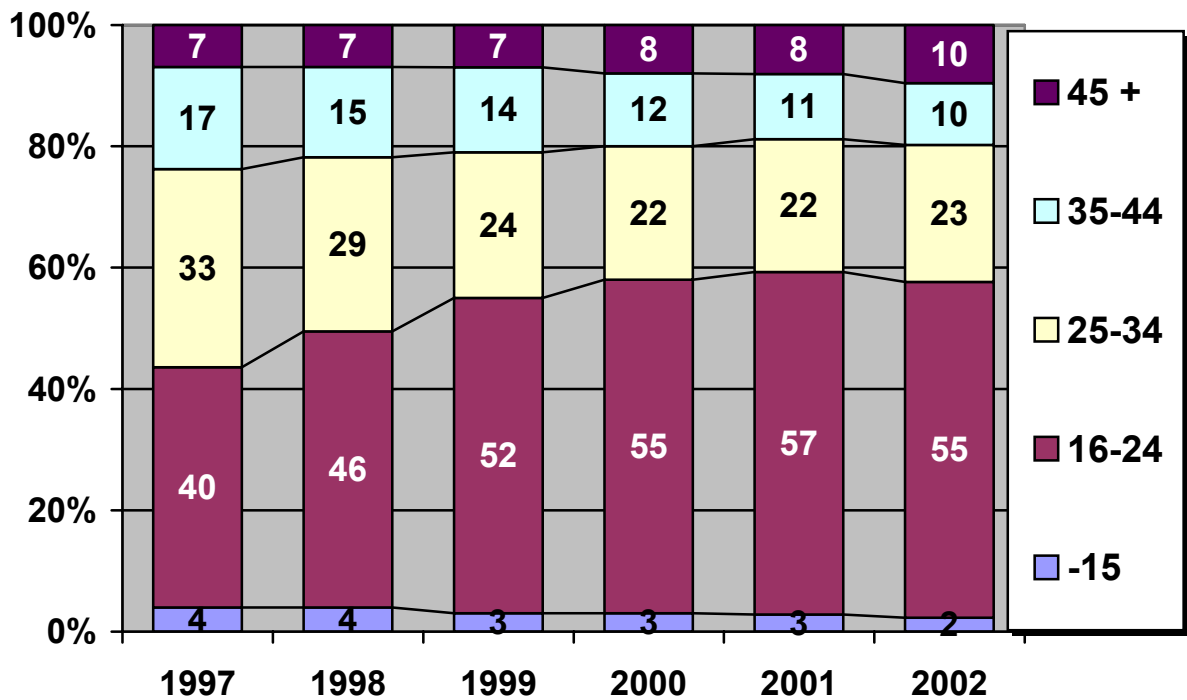
Table 15. Persons admitted to residential treatment due to drug addiction in 1997-2002 (ICD X: F11-F16. F18. F19) by gender

Gender	1997		1998		1999		2000		2001		2002	
	N	%	N	%	N	%	N	%	N	%	N	%
Male	3936	73.8	4519	74.1	5209	76.3	6702	78.0	7006	77.0	8633	76.8
Female	1400	26.2	1581	25.9	1618	23.7	1888	22.0	2090	23.0	2608	23.2

Source: Institute of Psychiatry and Neurology in Warsaw

The changes can be observed regarding the age structure (figure 7).

Figure 7. Persons admitted to residential treatment due to drug addiction 1997-2002 (ICD X: F11-F16, F18, F19) by age (percentages of clients)



Source: Institute of Psychiatry and Neurology in Warsaw

The changes between 1997 and 2001 are manifested in an increase in the percentage of individuals at the age of 16-24 years and a decrease regarding the age group of 25-39. In 2002 this tendency was stopped. The proportion of the youngest patients up to 15 years of age and the oldest ones over 40 are relatively constant. The rise in the proportion of individuals of the younger age groups signals a subsequent increase of the phenomenon. The constant rate value of persons below 15 years does not support the common judgements on the increase of drug epidemics among children.

5. Treatment systems

In Poland the basic form of drug treatment is still residential therapy based on a drug-free therapeutic community model.

Despite that the fact that 2003 was dominated by long-term and middle-term programmes, a tendency to shorten therapeutic programmes is being observed. The change is mainly due to financial limitations imposed by the National Health Fund (NHF).

Furthermore, in response to still too uniform drug treatment offer the National Bureau for Drug Prevention in 2003 commissioned the implementation of programmes complementing the NHF-financed offer and programmes of novel and pilot character.

In 2003 neither sources of financing (mainly NHF) nor criteria for admission changed. The implementers were predominantly NGOs – foundations, societies.

In 2003 training courses were continued according to “The Rules of approving and certifying specialist training course in drug therapy and rehabilitations” (Official Journal of the Ministry of Health No. 4 of 8 April 2002). 4 short training sessions were run. 79 persons were trained for specialists and instructors in drug therapy. 104 persons were trained as specialists and 73 as instructors.

Moreover, a programme of training courses for workers of Basic Health Care was being implemented. It was called “The role of Basic Health Care personnel in solving drug-related problems”. 32 nurses and 39 physicians were trained.

- Main results of new research, meta-analyses and evaluations

In 2003 the National Focal Point operating within the structure of the National Bureau for Drug Prevention commissioned the implementation of the following research projects:

- Institutional conditioning of counteracting drug addiction. The project of research on demand reduction organizations”. The research was described in detail in the part: *Social and cultural context* (pp. 18-21)
- “Social image of natural recovery addiction”, the project mentioned in the part: *Institutional framework, strategies and policies* (p. 12). The programme constitutes a part of international project: International Collaborate Study on “Societal Images of Natural Recovery from Addictions” – SINR. The aim of the project was the identification of social images of drug addiction, its characteristics and the need of professional help. The project helped in the assessment of informal social reactions to the problem and provision of conclusions and recommendations for anti-drug strategies. Moreover, the project provided an answer to the question how different social groups perceive and understand addiction as well as related problems. The implementation of the

project in different settings of the world provided valuable material allowing for the analysis of the above issues from a multicultural perspective.

- “Developing a screening test for problem drug use among children” The project aimed at developing a test consisting of questions about ways of drug use and resulting consequences as well as conducting pilot research of the test. The research was undertaken in two cities among young people aged 15-18 of differential drug experiences. The data collected will be the basis for research on the predicted value of the test on a nationwide sample (planned for 2004).
- “TCI R.C. Cloninger test in research on drug addicts”. The research was planned for 3 years. The project assumes development of diagnostic tool based on the concept of temperament and character to be applied among drug addicts. The tool would also be used in predicting the occurrence of addiction. In 2003 diagnostic methods applied in Poland and the European Union (mainly psychological tests) were identified and assessed in terms of usefulness. Furthermore, the areas vital for drug addiction diagnosis in Poland were defined. The work continuation covers the adaptation of R.C. Cloninger test and other foreign language tools as well as the creation of Polish set of diagnostic methods, based on identified methods.

Drug free treatment

- Inpatient treatment

Apart from basic therapeutic activities (therapeutic community) the offer for drug addicts was expanded with supplementary programmes, aimed at specific problems accompanying drug addiction. In 2003 they were, inter alia, programmes for young women aimed at replenishing the shortages of skills and attitudes related to femininity that occurred due to drug use. There were also programmes of aggression replacement addressed to young people below 20 years of age.

The most recent data on residential treatment of drug users come from the year 2002. In that year in Poland 47 health care units offered residential treatment (45 in 2001) out of which 23 units were public and 24 were NGO-based. The above residential treatment centres housed 1964 beds (1713 in 2001).

- Outpatient treatments

In order to increase access to first intervention and help in drug addiction as well as ensure complexity of outpatient health services in 2003 programmes were implemented in the areas of high epidemiological danger. Actions going beyond basic therapeutic work of outpatient clinics were taken, i.e. family sessions aimed at acquiring mental readiness and skills to change destructive relationship to drug addicts.

Due to the specific needs of young people experimenting with drugs the National Bureau for Drug Prevention supported the development of day centres for young people.

The most recent data show that in 2002 there were 76 drug prevention counselling centres, drug treatment facilities and rehabilitation units (68 in 2001). They registered 29 770 patients (28 459 in 2001). 317 580 pieces of advice were provided (288 772 in 2001).

There is a steady increase of availability of inpatient and outpatient drug treatment. Every year there are new facilities being established, which admit more and more patients.

Medically assisted treatment

- Withdrawal treatment

The most recent data on drug detoxification in Poland come from the year 2002. There were 37 detoxification centres, out of which 20 were hospital-based wards, including 16 psychiatric wards. In 2002 hospital wards housed 287 detoxification beds. 7 960 patients (6414 men and 1546 women) underwent detoxification.

In hospitals detoxification usually lasts 8 to 21 days. The basic detoxification methods used include liquid transfusion (infusion liquids, diuresis), administering pharmaceuticals such as psychotropic drugs (painkillers, tranquillisers, neuroleptics, antidepressants), administering methadone as well as symptomatic treatment.

Detoxification is usually accompanied by therapeutic measures: induction group (compulsory or voluntary), programme motivating to continue treatment, elements of early therapy, in some cases NLP or physiotherapy.

There is data on detoxification performed by private surgeries. They are not subject to statistical reporting.

- Substitution treatment

In 2003 no significant changes in substitution treatment took place. Methadone still remained the only substance used in substitution treatment and the criteria for entering treatment were provided for in the Regulation on substitution treatment of 6 September 1999 (Official Journal

No. 77, item 873). Similarly as in the previous year methadone programmes were run by 10 health care centres all over the country. The programmes offered 721 places for 865 patients.

- Other medically assisted treatment

Drug addicts with conditions requiring pharmacotherapy are offered medical treatment. Pharmacological treatment with psychotropic drugs is provided to patients with dual diagnosis and as supportive therapy in mood disorders of drug addicts.

6. Health Correlates and Consequences

Drug-related mortality

The source of information on drug related deaths is the police records of death cases caused by drug overdoses. Basically, police statistics record all such cases. According to the law, every case of sudden death should be investigated by the police. The data concerning deaths are collected as data regarding drug dependants. They are based on non-standardised reports of police stations. They contain neither information on the type of drug involved nor social and demographic data. The lack of a standardised questionnaire nor just a written instruction makes the precise reconstruction of the definition very hard. One may expect that the definition varies from case to case. The completeness of such collected data also remains unclear. For instance deaths effected by abuse of volatile substances may be neglected by some police stations if the local police does not include glue sniffing into the concept and definition of drug dependence.

The data in our possession start in 1988. We were not able to collect data referring to earlier years. Since 1995 the Warsaw data have not been reported to the Police Headquarters. We obtain 1995 data but they are less credible because they are based on estimation made by providers. Both in Warsaw and nationwide no data regarding the type of drug or demographic characteristics of referred individuals are available. As presented in the table after the rapid increase in 1992 the number of deaths remains stable. One should pay attention to the fact that the number of deaths is very small thus responsive to random disturbances.

As it was indicated in the 1999 Report, it was hard to identify any clear tendency. The source of the significant oscillation of the indicator is, a one may assume, small numbers, especially sensitive to random disturbances. In 2000, 174 deaths were recorded, in 1999 120 and in 1998 179 respectively. As compared to 1988, in 2000 the number of deaths increased by 64%, but in the last six years the tendency to stabilise is noted. The data of 2001, 2002 and 2003 are not available, it is expected that police data will be available in the future.

The basic source of information concerning deaths in Poland is the electronic data base and the archive of death records at the Central Statistical Office (GUS). Every death is evidenced there. The electronic database contains basic social and demographic information on dead persons and information concerning the death, i.e. date, location and three causes (one primary and two secondary ones) coded till 1996 in compliance with the ICD (9) and since 1997 in compliance with the ICD (10). There are no names in the database or initials. Only the date of birth and sex can be used as identifiers. The archive death records contain given names and surnames but obtaining this information takes a lot of work and is difficult due to confidentiality regulations.

The register of GUS can be a source of the deaths connected with drugs. The data has been extracted according to the WHO criteria of deaths connected with drug overdoses. The base of the extraction was the direct cause of death. The deaths whose cause was intoxication or harmful drug use were chosen. The data are affected by the distortion connected with the change of the ICD in 1997. This fact also concerns the indicator of the persons treated because of the drug problems, discussed in another part of the report.

Table 16. Deaths from overdoses in Poland extracted from general mortality register (1997-2002)

Years	F11-12, F14-16, F19, X42, X62, Y12	F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14	F11-12, F14-16, F19, X42, X62, Y12, X44, X64, Y14, X49, X69, Y19
1997	116	253	388
1998	104	235	359
1999	117	292	433
2000	123	310	451
2001	93	294	425
2002	109	324	411

Source: Central Statistical Office

The trend in the drug-related deaths according to GUS covered years 1997-2002. They show that the number of deaths is not considerable and strongly variable in the course of time. For the period of 1997-2003 its maximum value is in 2000 regardless the extraction rules.

Generally according to the indicator we can talk about stabilization during the last years.

Drug-related infectious diseases

The National Institute of Hygiene collects data regarding the prevalence of HIV infections. The data make it possible to differentiate individuals taking drugs through injections. Data presented here are limited to HIV infections among IDUs.

After an increase observed up to 1991, in 1992 through 1993 one can observe a decrease followed by another increase in the years after 1993. Figures for 1995-2003 suggest a relative stability of trends. In 1995 - 320 new cases were recorded in 1998 – 315, while in 2001 – 197 in 2002 – 265 and in 2003 – 216.

The trend of new HIV infections among injecting drug users can be observed on the Figure 8 which presents the indicators of the new infections connected with drugs and other new infections. The 1990 data are taken as 100 and the data from the following years are presented in the relation to this year. The trend of new HIV infections among people using drugs in injections is completely different from the others. In this case we can observe stabilization in the last years whereas there is a distinct increase in the others.

We can observe tendencies, generally similar though different in details, when we use another indicator - a number of new infections per 1000 tests (Figure 9). This indicator standardizes the changes in the intensity of testing. The data from the graph reveal the increase of the indicator among people using drugs in injections in the recent years and stronger increase in the whole period.

Table 17. HIV cases among IDUs reported in Poland in 1988-2003

Years	Number	Rate per 100 000 population
1988	12	0.03
1989	411	1.08
1990	653	1.71
1991	405	1.06
1992	326	0.85
1993	205	0.53
1994	259	0.67
1995	320	0.83
1996	343	0.89
1997	315	0.81
1998	354	0.88
1999	254	0.69
2000	332	0.86
2001	197	0.51
2002	265	0.69
2003	216	0.55

Source: National Institute of Hygiene

The differences in the dynamics of both indicators referring to persons using drugs in injections can be observed on the figure 9. Both curves - number of new HIV infections and number of new infections per 1000 tests - looked practically the same till 1997. The indicator of the number of new infections per 1000 tests has been rising since 1998 whereas the second indicator had an downward tendency, especially in 2000. During the last two years both curves have decreased.

Figure 8. New HIV cases among IDUs and among others (index 1990 = 100)

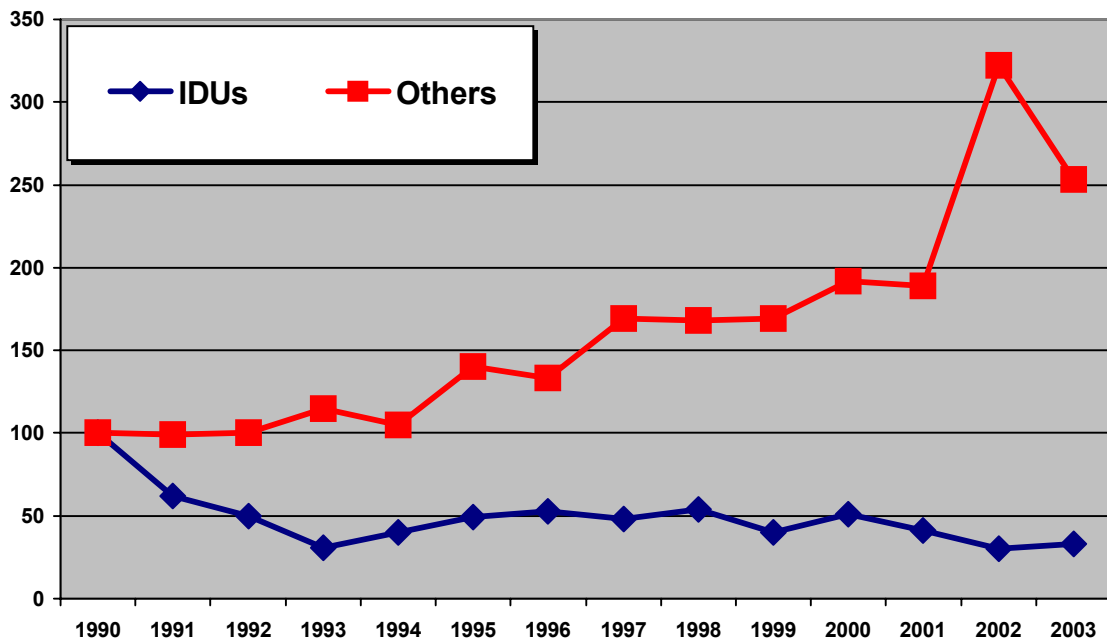
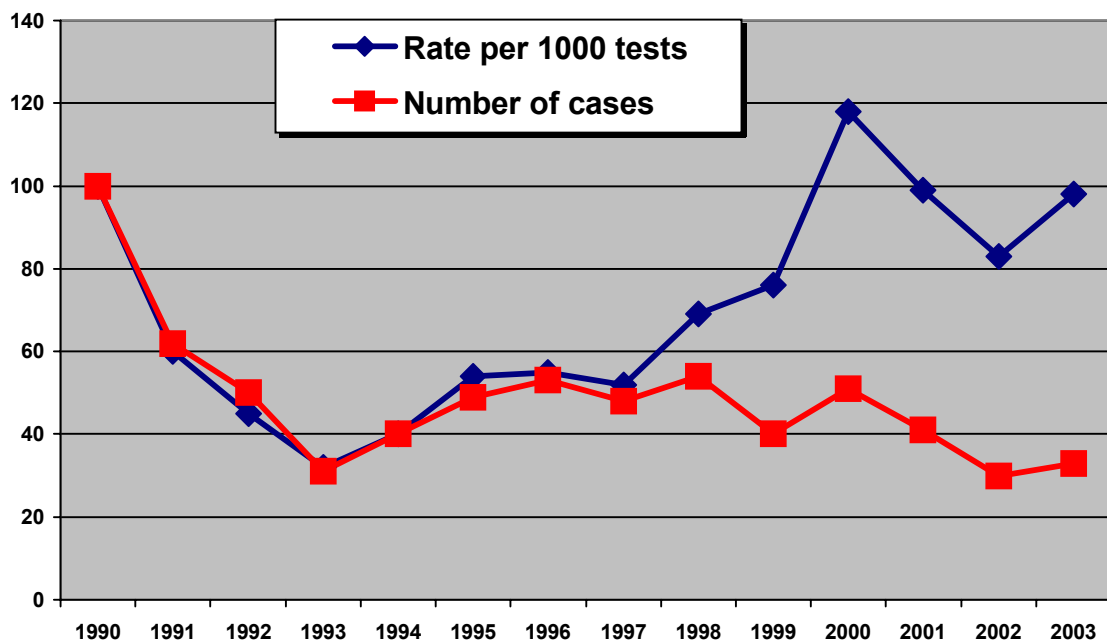


Figure 9. New HIV cases and new HIV cases per 1000 tests among IDUs (index 1990 = 100)



There are two possible interpretations of the observed changes between 1997 and 2000. Firstly, they can show the rise of the efficiency of the tests, which means testing endangered people and not testing those whose results would be negative. We have to remember that analysed data refer to the number of tests, not the number of tested persons. According to this “optimistic” interpretation the decrease of the indicator of new infections among people using drugs in injections observed in the data is also reflected in the reality. The second interpretation - “pessimistic” - assumes that stabilization and the decrease of the indicator of the new HIV infections among people using drugs in injections is a result of the reduction of the reach of the tests. It means that the fall is apparent because the reduced number of tests results in the increase of the undetected cases. The question, which of the two interpretations is true, can be answered only with the help of special research. The trend regarding AIDS morbidity among individuals taking drugs through injections looks different.

Table 18. AIDS cases among IDUs reported in Poland in 1989-2003

Years	Number	Rate per 100 000 population
1989	6	0.02
1990	5	0.01
1991	24	0.06
1992	19	0.05
1993	32	0.08
1994	48	0.12
1995	53	0.14
1996	51	0.13
1997	61	0.16
1998	64	0.17
1999	76	0.19
2000	57	0.14
2001	64	0.17
2002	63	0.16
2003	76	0.19

Source: National Institute of Hygiene

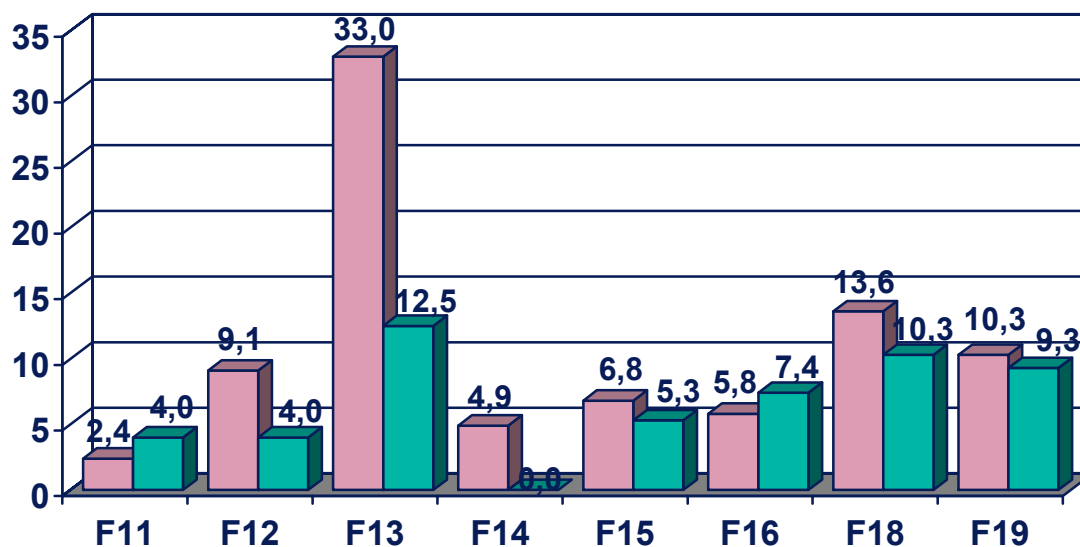
In practical terms, an increase trend can be observed since the beginning of the nineties. In 1990 – 5 cases, in 1991 – 24 cases, in 1995 – 53 cases and in 2003 – 76 cases. The rate of AIDS morbidity reflects the phenomenon with a significant delay, while the data seem to be of fuller nature.

Other drug-related morbidity

Drug problem is sometimes associated with other mental disorders. The nature of this association is usually difficult to define. Sometimes the drug use caused mental problem sometimes mental disorders are the grounds for drug use. The extent of the dual diagnosis in treatment could be estimate based on statistical data of residential treatment. In 2000 there was 9.3% patients with both diagnoses of drug abuse (F11-16. F17.F18) and other mental disorder while in 2001 6.9% respectively. In 2000 dual diagnoses were twice more often found among females (14.6%) than among males (7.5%). In 2001 the difference between females and males decreased. 8.4% of dual diagnoses were recorded among females and 6.5% among males.

The prevalence of dual diagnosis is strongly differentiated by type of drug abused as indicated by the third digit of ICD code. The biggest percentages were noted in 2000 among patients abusing tranquillisers only (33.0%). The lowest among patients abusing opiates only (2.4%). The variation was not so strong in 2001. The biggest share of dual diagnoses was still found among patients abusing tranquillisers, but the percentages amount to just 12.5%. Nobody with dual diagnosis was noted among cocaine users. However, it should be mentioned that the total number of cocaine users was rather small – 36 persons.

Figure 10. Dual diagnosis – percentage of persons with dual diagnosis among individual categories (ICD 10) of drug dependent patient in residential treatment in 2001 and 2002



7. Responses to Health Correlates and Consequences

The harm reduction programmes implemented in 2003 aimed at influencing the change in behaviour related to drug use as well as ensuring contact with medical, social and therapeutic services. These actions were taken predominantly by non-governmental organizations in greater city areas: in the streets, in homeless shelters, in drug meeting spots (inter alia railway stations) as well as drug counselling facilities as well as places of selling sexual services.

In 2003 the National Bureau disbursed subsidies for the implementation of 16 harm reduction programmes. In 2003 the harm reduction programmes covered 14 538 drug addicts, i.e. by 25% more than in 2002. At the same time the participation of local governments in financing such programmes was higher than in the previous year.

In 2003 the National Bureau for Drug Prevention co-financed publication of a magazine "Monar na bajzlu" devoted to health consequences of drug use (circulation 2 000 copies, cost of PLN 12 000).

Furthermore, the National Bureau for Drug Prevention organized five-day training courses for implementers of harm reduction programmes from all over Poland. The training was attended by 30 persons from 4 NGOs. Its programme covered first-aid course (16 hours) and classes on sexual behaviour of drug addicts, prevention, interventions in infectious diseases as well as presentations of the most interesting harm reduction programmes in Poland.

Prevention of drug related deaths

- Overdose prevention

In 2003 such prevention actions were implemented in the framework of harm reduction programmes. Groups of street workers and consultation point workers implemented educational programmes addressed to active drug addicts remaining outside treatment systems. The actions aimed at reducing the number of drug-related deaths by teaching skills of safer using and providing first aid. An increasing popularity of non-injection synthetic substances caused the necessity of developing new programmes addressed to youth experimenting with synthetic drugs in clubs and discotheques.

- Consumption rooms do not exist.

- Antagonists –

In Poland blockers are not used as a method of preventing drug-related deaths but as a substance supporting drug therapy.

Prevention and treatment of drug-related infectious diseases

- *Prevention (vaccination, syringe provision programmes, paraphernalia and condom provision; information materials, educational approaches 'safer use/safer sex')*

In 2003 such actions were implemented within the framework of harm reduction programmes. They were aimed at stopping drug use practices related to high risk of infection , advising safe sexual behaviour. The actions included education and provision of injection drug paraphernalia: needles, syringes, bandages, condoms. Within the framework of the programmes subsidised by the National Bureau for Drug Prevention 364 thousand needles and 245 thousand syringes were distributed in 2003.

There are no specific vaccination programmes for drug addicts in Poland.

- *Counselling and testing*

In Poland there is a possibility of having a free-of-charge HIV/ADIS diagnostic test for persons from high-risk groups (inter alia drug addicts) including non-insured persons. The testing facilities are obliged to provide counselling both before and after testing.

In the case of tests detecting other infectious diseases drug-addicts are not subject to general provisions of testing in health care units.

- *Infectious disease treatment*

Treating infectious diseases among drug addicts is governed by the same rules as for the other health care unit patients.

Only active HIV-positive or AIDS drug addict, due to high risk of discontinuing treatment, are not included in anti-retroviral treatment. It stems from the fact that in the case of HIV/AIDS breaks in treatment cause higher health harm than avoiding treatment.

Interventions related to psychiatric co-morbidity

In Poland treatment of dual diagnosis patients is offered by 3 residential drug treatment centres.

1. The system of treatment, rehabilitation and re-integration for adults (aged over 18) only with dual diagnosis operates in cooperation with Autonomous Public Health Care Unit – Centre for Mental Health and Addiction Treatment and Non-Public Health Care Unit – Centre for Addiction Treatment of Gornoslaski “Familia” Society. It is worth noting that approx. 40% of the unit patients are ill with schizophrenia. Complex treatment of a mental disease or addiction is performed in several stages during which patients are subject to psychological actions and pharmacotherapy of both disorders.

The first stage is the ambulatory psychiatric consultations.

Then patients are referred to 30-bed hospital ward, where there is a sub-ward of detoxification. This stage of treatment lasts approx. 8 weeks. During this stage there are diagnoses provided: psychological and psychiatric. The psychiatric disposition or/and acute symptoms of drug abuse are stabilised. Patients take part in initial therapeutic community.

The next level is a 6-month rehabilitation. The centre can house 50 patients at this point of recovery. Rehabilitation aims at seeking talents that each of patients possesses.

The last stage is post-rehabilitation performed through the next 6 months in a hostel, where 10-15 persons can simultaneously be treated. The persons that could not find a place in the hostel take part in an ambulatory psychological support programme. 2 times a month an intervention group is held for them, during which patients form a therapeutic community.

A full treatment cycle is usually completed by 60 persons on average, out of whom more than a half is made up by psychotic patients (36 patients with a diagnosed schizophrenia in 2003).

2. The treatment of adult patients with dual diagnosis is also provided by Autonomous Public Health Care Unit “Doren” Centre for Addiction Treatment in Różewiec. The centre houses 34 places. The majority of patients are made up by drug addicts without mental disorders. The remaining patients are drug addicts diagnosed with mental disorders due to drug abuse. Treatment is based on therapeutic community model of integration character, i.e. it is provided to all patients regardless of psychiatric diagnosis. Moreover, persons with

dual diagnosis are additionally covered by special psychiatric care including pharmacotherapy.

3. The therapy of young people aged 13-21 is provided by Mazovian Centre for Neuropsychiatry and Rehabilitation – Hospital in Garwolin. The ward houses 25 places and admits persons after psychiatric treatment, who are able to enter drug therapy. However, it happens that admitted patients are in a very poor mental condition. In that case they undergo psychiatric treatment in order to stabilise their mental disposition.

The majority of the centre patients comprise persons with diagnosed schizophrenia, depression, anxiety and compulsive-obsessive behaviour.

The treatment is based on therapeutic community model. However, the work model is adapted to the patient's needs dictated by his mental state. Patients take part predominantly in individual psychotherapy as well as group therapy. Treatment has a dual character: drug therapy as well as psychiatric treatment including pharmacotherapy.

After 3 months of treatment the therapeutic process is supplemented with systemic work with patient's family.

Treatment lasts up to 6 months after which depending on patient's state a continuation of treatment in ambulatory system or a long-term therapy in a residential centre is advised.

Interventions related to other health correlates and consequences

- *Somatic co-morbidity and Non-fatal emergencies and general health-related treatment*

Patients participating in residential and ambulatory drug rehabilitation programmes are guaranteed complex medical care.

Treatment of drug users who do not treat their addiction is carried out on the same grounds as in the case of other health care patients. Moreover, in 2003 in the framework of harm reduction programmes actions were implemented that aimed reducing number of health problems among drug users. They comprised education, medical and social interventions as well as initial therapy motivating to continue treatment.

- *Prevention and reduction of driving accidents related to drug use*

No specific actions are taken in this field.

However, a nationwide questionnaire survey "Psychoactive substances. Attitudes and behaviour" conducted in 2002 revealed a drugs problem in road traffic. 1.2% of Poles, i.e. fewer than 175 thousand persons at least once a year sits behind the wheel under the influence of drugs. The survey results showed a need for preventive measures in this field – public education as well as traffic checks.

8. Social correlates and Consequences

Drug offences and drug-related crime

Police data

In Poland, the police do not collect statistical data on interventions regarding drug users. Therefore, data on the number of drug users, which were the object of police observation in relation to the possible criminal activities, were collected in a half-formal way, without appropriate tools. The compendium of figures was created through totalling numbers coming from the district police reports. Their source was the operational information collected during investigations of the groups. If one tried to reconstruct the definition of the phenomenon reflected in the police statistics the closest would be drug use police recordings. In 1997 the police stopped collecting data therefore they cannot be utilised in the monitoring. Data for the years 1990-96 revealed an upward trend, similar with the trend recorded in residential treatment. In 1996 the police recorded 19 868 drug users.

Within the police reporting system the data on detected crimes are collected. Data regarding crimes against the Act on Drug Prevention (till the mid-97) and the Act on Counteracting Drug Addiction (from mid-97) are contained in Table 17 and Figures 11-13.

Data in the table indicate an upward trend regarding crimes such as illicit drug trafficking, illegal distribution or inciting illegal import or transit. The trend regarding illegal production of psychoactive substances remains relatively stable while the illegal cultivation of poppy or cannabis after an upward trend in 1993 through 1994 displays a downward tendency. Data regarding the number of detected crimes related to drugs as the epidemiological indicator are burdened with a significant error related to changes in the policy of prosecution. Regarding the recent years in particular when the number of crimes revealed by the police rose one may assume that the significant portion of the increase is a result of increased police activities. The shift in the anti-drug policy to supply reduction remains in close relation to sharpening and widening of the scope of repression introduced by the new Act of 1997. The increase of police forces directed to fight drug-related crime, new legal instruments (controlled purchases, controlled supplies, key witness) had changed the situation concerning drug-related offences even before the Act of 1997 was implemented thus influencing data for 1997.

In 1999, one could observe the continuation of the strong trend regarding the decrease in number of illicit poppy and cannabis crops. After a significant growth in the previous years, the number of crimes related to drug production and maintenance of drug production equipment,

introduction of drugs to the market and illicit sharing or inciting to drug use, decreased significantly.

Table 19. Offences against drug law 1990 – 2003

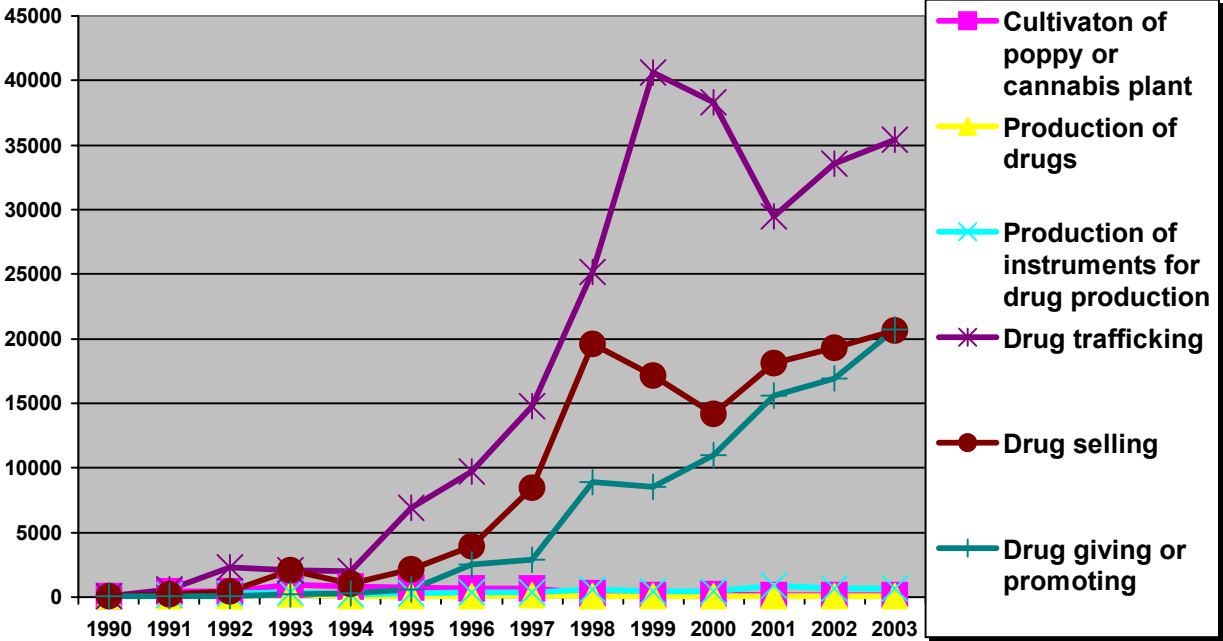
	Years													
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Total	1105	2468	2442	5457	4000	4284	6780	7915	16432	15628	19649	29230	36178	47605
Illegal cultivation of poppy or cannabis	382	1712	1631	3577	3040	2780	2634	2518	1195	615	814	663	653	687
Illegal production of drugs	557	589	521	1280	387	392	459	701	574	361	400	408	319	297
Production or storing of instruments for illegal drugs production	34	60	94	123	85	97	135	116	190	143	152	292	230	230
Drug trafficking (import, export or transit)	1	6	23	21	20	69	97	148	252	406	383	295	336	354
Illegal drug selling	10	24	45	207	107	215	397	847	1957	1714	1417	1809	1932	2064
Illegal drug giving and promotion	121	77	128	249	361	731	3058	3507	10762	10305	13278	18873	20482	25036
Production, smuggling or trafficking in precursors									88	61	66	115	76	159
Drug possession								32	1380	1896	2815	6651	11960	18681
Illegal picking of poppy milk, poppy straw, opium or cannabis plant								26	112	113	83	78	73	17
Conquest for purpose of appropriation of poppy milk, poppy straw, opium or cannabis plant								9	22	14	241	24	73	17
No informing on crime commitment												22	14	11

Source: Police Headquarters in Warsaw

In 2000 there was a change of this tendency. In 2000 we observe continuation of the initiated downward trend of 1999 concerning the number of cases of introducing drugs into the trade. After the strong increase in the previous years the number of crimes such as illegal import, export or transit has decreased. The number of crimes concerning inciting to take drugs, after the slight increase in 1999, has witnessed further increase. The trend of the number of produced drugs, despite some variations, is stable. In 2001 and 2002 we observed

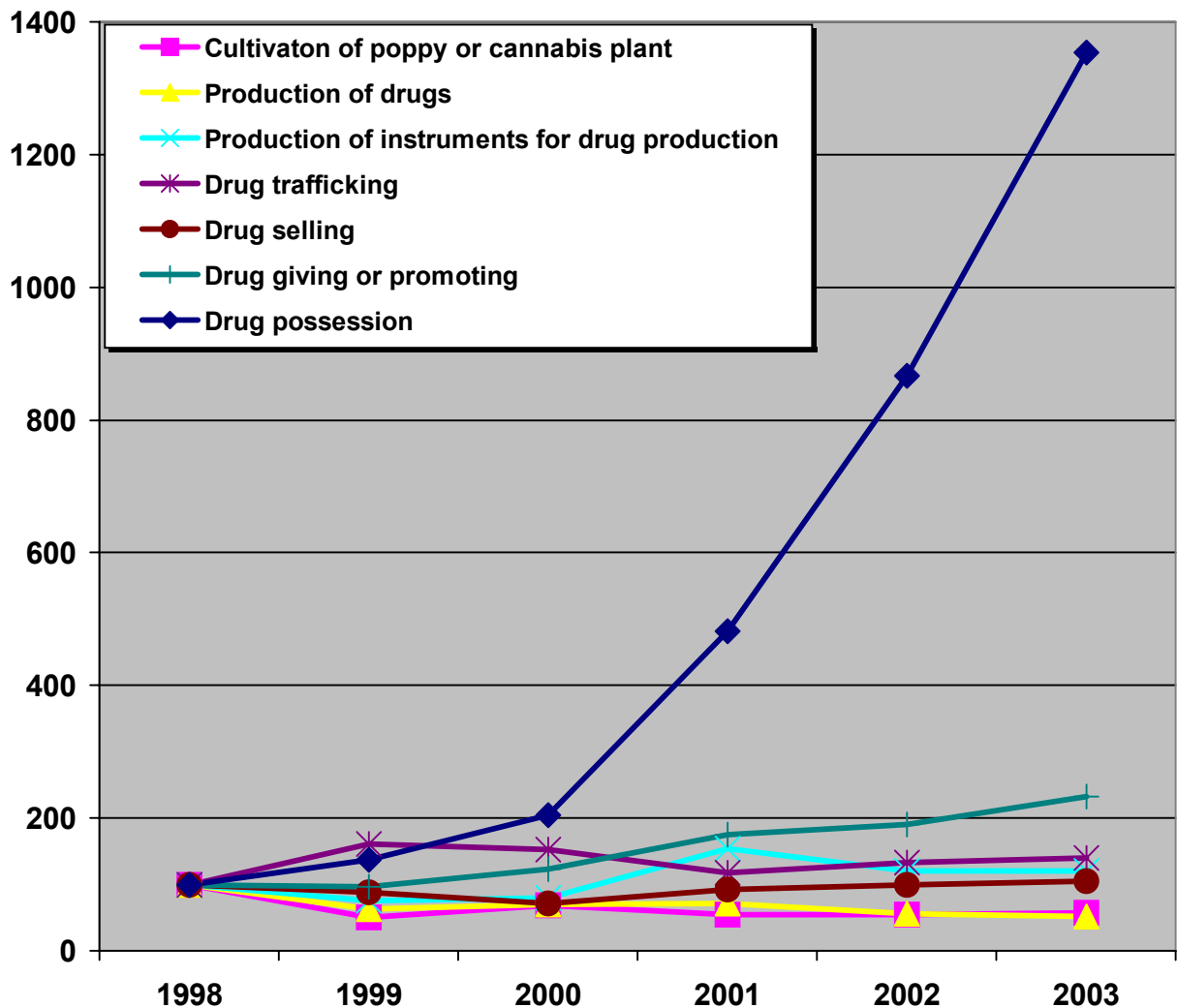
continuation of changes noted in 2000 with one exception – the drug selling and drug trafficking after decreasing again increased.

Figure 11. Dynamic rates of offences against drug law 1990-2003 by types of offences (index 1990 = 100)



Taking the data of 1998 as the reference point we could observe recent trend after changing the law (fig 12). In 1997 the drug possession was penalised, even for personal use as further amended in 2000.

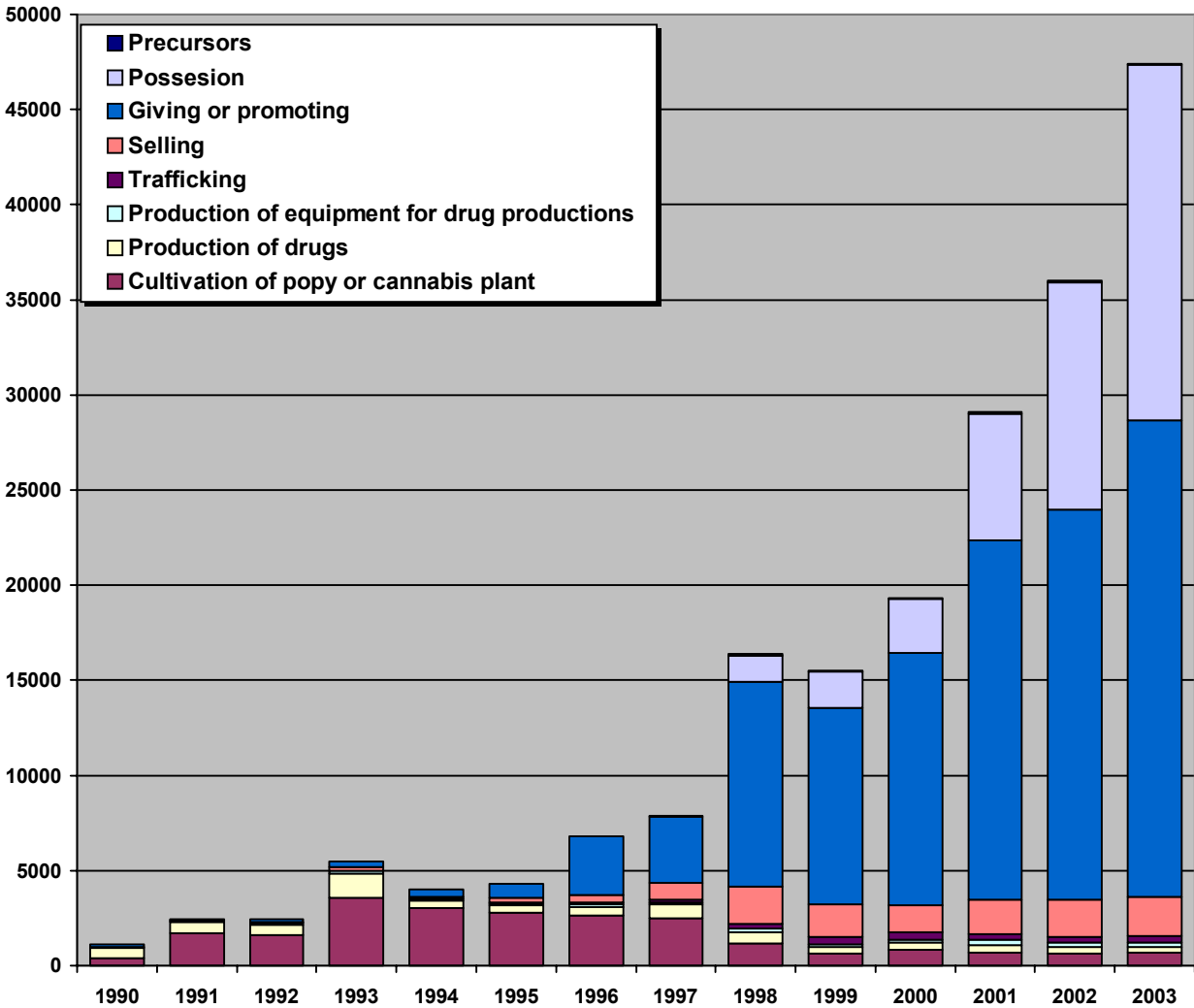
Figure 12. Dynamic rates of offences against drug law 1998-2003 by types of offences (index 1998 = 100)



The figure shows a rapid increase in the number of drug possession offences and relatively stable trends of other types of offences.

The data of Figure 13 shows that, as long as quantitative aspect is concerned, such crimes as giving or encouraging to taking drugs prevail in the crime picture. Drug possession and introducing them into the trade have both a considerable share as well.

Figure 13. Numbers of offences against drug law 1990-2003 by types of offences



Sentences by courts

Circuit courts, relevant to the place of crime commission review criminal cases regarding breaking the Act. The summaries of sentences available at the courts include only a general category of sentences regarding breaking the Act on Counteracting Drug Addiction; however, there is no information regarding specific provisions of the Act. One should remember that the picture of offences against the Act is significantly determined by offences relating to illicit cultivation of poppy. The significant percentage of these offences is not related to drug use directly in this sense that the poppy straw from these plantations does not end up as 'kompot' (Polish heroin). Quite frequently these are small pieces of land cultivated according to traditional ways where poppy is designed for personal use and the poppy straw is destroyed.

The very existence of such small plantations adds up to the general level of the trend by increasing the availability of poppy straw and during the season of the poppy milk even if the owners do not intend to make it available to the drug producers the straw or the milk may constitute an object of theft and get to the illicit market of psychoactive substances this way.

Table 20. Court convictions for drug law offences (DLOs) in Poland

Year	Overall number of persons convicted (all offences) number	Persons convicted for drug law offences number	DLOs as % of All Persons Convicted
1989	93 373	591	0.63
1990	106 464	231	0.22
1991	152 333	421	0.28
1992	160 703	993	0.62
1993	171 622	2 235	1.30
1994	185 065	1 862	1.01
1995	195 455	1 864	0.95
1996	227 731	1 739	0.76
1997	210 600	1 457	0.69
1998	219 064	1 662	0.76
1999	221 805	2 262	1.02
2000	248 911	2 878	1.16
2001	315 013	4 300	1.36
2002	365 326	6 407	1.75

Source: Ministry of Justice

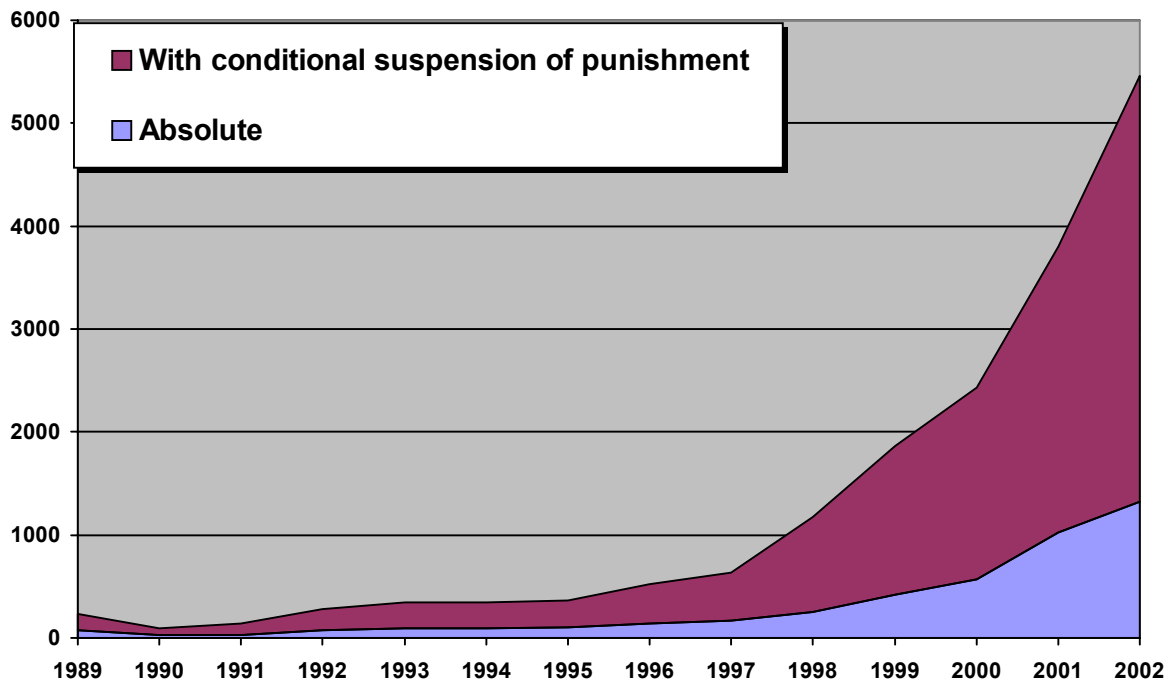
The summary of data regarding valid sentences in 1989-2001 (table 18) indicates a rapid increase in 1993 and next a downward trend lasting until 1997. After that increasing trend is noted again. Another picture is provided by information regarding imprisonment sentences in relation to the Act.

Table 21. Drug Law Offenders Sentenced to Imprisonment in Poland

Years	Sentenced to Imprisonment		
	Total	Absolute	With conditional suspension of punishment
1989	236	76	160
1990	92	30	62
1991	143	32	111
1992	282	72	210
1993	347	97	250
1994	346	97	249
1995	368	100	268
1996	520	141	379
1997	629	165	464
1998	1 173	252	921
1999	1 863	419	1 444
2000	2 428	572	1 856
2001	3 802	1 024	2 778
2002	5 459	1 319	4 140

Source: Ministry of Justice

Figure 14. Drug Law Offenders Sentenced to Imprisonment in Poland (1989-2002)



As it can be assumed based on the data contained in Table 21 in 1997 one can note a continuity regarding the growth of the number of individuals imprisoned, which started in 1993. One may assume this to be the effect of greater restraints on the level of the crime combating policy and penal measures resulting from the repressive tendencies of newly prepared acts of law. Since 1997 the trend has accelerated.

Drug problem in prison system

Until recently, drugs problem in the Polish prison system was of marginal importance. On the one hand that was a result of limited drug use in Poland and on the other hand of relatively liberal legislation. A small number of drug users and low penalties did not stimulate the development of drugs problem in prisons. Increased popularity of drugs and stricter legislation changed the situation back in the nineties. Both drug users and drugs themselves began to have significant impact on the functioning of the prison system posing a serious challenge to it. The reconnaissance of the scope and the nature of the problem resulted in the development of an appropriate response. It was to be achieved thanks to a research project implemented by the Institute of Psychiatry and Neurology in 2000-2001 (commissioned by the Ministry of Health). The second stage of the project included a survey (with a questionnaire) of a random sample of those held in prisons and remand centres in order to assess the scope of drugs problem in prisons.

The survey involved a random representative sample of 1 186 men held in prisons all over Poland. It demonstrated that a large group of prisoners had been occasional drug users before their imprisonment. The group constituted 19.5% of all prisoners. Within the group of those aged 17-24 the percentage slightly exceeded 30%. Those who had occasionally used drugs before imprisonment included more often: younger people (up to the age of 24) pupils and students or the unemployed residents of cities (esp. large ones) imprisoned for drug-related offences with earlier experiences of the prison system especially in the role of those arrested/detained. In general terms the social and demographic profile of an occasional drug user sentenced to prison does not divert from that reflected by research of the overall population. The most popular drug used by prisoners before their detention was cannabis-based products similarly as in the overall population or among school pupils. On the other hand prisoners (as compared to other above-mentioned groups) more widely use substances stimulating the nervous system such as amphetamine, ecstasy, cocaine.

Prior to the imprisonment those surveyed had used drugs according to a pattern causing more social problems than in the case of the overall population.

Drugs are often used in the prison environment and 22.5% of prisoners have had such experiences. Over 33% of prisoners aged 20-24 have used drug before. The most common

drugs used during imprisonment include tranquillisers and sleeping pills without physician's prescription, cannabis and amphetamine. In the majority of cases drug-related experiences of those interviewed in prisons were of incidental nature. 3.3% of prisoners confirmed the use of injection drugs while 1% admitted that they had shared the same needles and syringes with others.

According to the evaluation and experiences of those interviewed drugs are available in prisons to a greater extent than the equally forbidden alcoholic beverages. The risk of exposure to an offer to take drugs is determined by a similar set of factors such as the use of drugs in the prison although an earlier stay in prison (as a person arrested/detained only) plays more important role here than an earlier punishment/criminal record.

The survey results have demonstrated a significant scale of drugs problem affecting prisoners both prior to imprisonment and during its course. The use of drugs even occasional can directly or indirectly cause health problems. The use of stimulating drugs (more popular in this group than in the overall population) in particular can contribute to accidents and aggressive behaviours due to behaviour control disorders. The use of drugs while deprived of freedom is especially dangerous as naturally it is done in the 'underground' and this is not conducive to apply at least minimal safety measures and makes it difficult to provide emergency assistance for example in life-threatening situations.

The above findings pose serious challenge to the prison system. The survey results and experience of other countries confirm that one cannot fully successfully limit the use of drugs through excessive control measures and suppressing drugs supply. It is necessary to undertake activities to limit the demand for drugs and to reduce the damage. One should therefore indicate the urgent need to develop and to implement prevention programmes addressed to all those imprisoned and to high-risk groups in particular, i.e. to young urban residents aged under 25 punished for drug-related offences. Programmes of this kind should also take into account the specific nature of prisons and inmates themselves. Bearing in mind those prisoners who shall not respond to the message of preventive measures programs to minimise the damage should also be developed. Although the use of drugs through injections happens very seldom in prisons nevertheless the lack of access to sterile needles and syringes poses a serious threat of infectious diseases including HIV/AIDS. Programmes that involve administration of methadone as a drug substitute seem to provide the best response to the increasing threat.

9. Responses to Social correlates and Consequences

Social Reintegration

The National Bureau for Drug Prevention provided 19 subsidies to non-governmental organizations for the implementation of post-rehabilitation programmes in 17 hostels and 17 reintegration flats.

A particular attention was paid to the programmes offering ambulatory help to patients completing residential treatment and returning to their places of residence, or trying to become self-sufficient in a new place of residence. These programmes comprised professional activity workshops, relapse prevention and support groups. Help of this kind is often decisive in success of therapy, i.e. maintenance of abstinence and full social reintegration of drug addicts. In this field 7 programmes going beyond the scope of ambulatory help were co-financed.

In 2003 312 persons were admitted to hostel or reintegration flats; 271 addicts left these places and 65 took advantage of this assistance for over a year.

Out of all persons taking advantage of such help only 13.6% did not take up any activity (the ill or children accompanying their parents), whereas 38% worked and 24.5% worked and studied at the same time. Every fourth resident concentrated on education or looked for a job while studying.

346 persons took advantage of the ambulatory training courses of relapse prevention.

The governments of two provinces: warminsko-mazurskie and lodzkie co-financed post-rehabilitation centres. In the remaining provinces the governments did not disburse any funds on such goals. Furthermore, county and communal governments financed 7 hostels and 19 reintegration flats for drug addicts where 157 persons resided. For this purpose local governments allocated a total amount of PLN 381 192.

Prevention of drug related crime

In prisons rehabilitation of convicted drug addicts was performed in 10 prison therapeutic wards offering 379 places.

In relation to 2002 therapeutic base was expanded by 16 places.

There was a considerable improvement in conditions of 2 therapeutic wards, where full scale renovation works were conducted (Lubliniec and Kielce).

In comparison with 2002 there was an increase in:

- an overall number of convicts under therapy from 885 to 983
- a number of convicts admitted to therapeutic wards within one year, from 532 to 675

- a number of convicts discharged from the wards upon completion of therapy, from 464 to 563.

Furthermore, the first programme of substitution treatment (Remand Centre in Cracow) was launched. 14 addicts participated in it.

In 2002 the juvenile detention centres did not increase the number of implemented programmes. In Juvenile Detention Centre and Juvenile Hostel in Bialystok 6 specialist programmes were run in which 12 persons participated. In the rest of juvenile facilities (33 juvenile detention centres and juvenile hostels) drug prevention issues were accentuated.

In 2003 an estimated annual cost of the maintenance of 374 places in therapeutic wards for drug dependent convicts was the following:

- PLN 1 615 680 (food, water and electricity supplies, medications, hygiene products),
- PLN 6 193 440 (remuneration for staff and remaining prison personnel as well as investment costs).

In all juvenile facilities the costs of treatment, rehabilitation and harm reduction equalled PLN 55 000.

An existing therapeutic base for drug dependent convicts is insufficient in relation to the needs, hence convicts wait for a place in a therapeutic ward for several months. Some convicts are discharged from prison without prior adequate drug therapy.

10. Drug Markets

The source of data on perceived availability of drugs among youth are ESPAD results.

The data presented in Table 22 allow for analysis of assessments changes of availability of individual substances in the eyes of young people, which have taken place in the last 7 years. The table contains percentages of respondents who in response to the question "How hard would it be to obtain each of the following substances if you really wanted it?" ticked "very easily" answer.

Table 22. Assessment of availability of individual substances as very wide (substances really easy to obtain)

Grade level		1995	1999	2003
Third grades at upper-primary schools	Cigarettes	x	74.1	71.9
	Beer	72.6	68.5	67.9
	Wine	57.4	56.9	55.4
	Vodka	42.2	44.7	45.7
	Marijuana lub hashish	6.3	11.5	15.7
	LSD or other hallucinogen	3.3	7.3	8.6
	Amphetamine	4.7	10.4	11.8
	Tranquillisers or sleeping pills	16.5	17.4	19.6
	Crack	2.1	4.7	7.4
	Cocaine	2.6	5.8	8.3
	Ecstasy	2.4	7.2	9.6
	Heroin	3.8	6.0	8.5
	Hallucinogenic mushrooms	X	9.9	10.8
	GHB	X	X	6.9
	Inhalants	25.7	30.7	28.6
	Anabolic steroids	6.1	11.8	13.8
Polish heroin (kompot)	6.6	X	10.5	
Second grades at secondary schools	Cigarettes	X	88.1	89.8
	Beer	82.9	87.6	89.5
	Wine	77.7	81.7	82.9
	Vodka	67.7	74.1	77.3
	Marijuana lub hashish	9.6	11.9	23.1
	LSD or other hallucinogen	4.7	5.9	9.8
	Amphetamine	6.5	10.5	17.5
	Tranquillisers or sleeping pills	19.8	17.0	21.7
	Crack	2.4	3.4	6.0
	Cocaine	3.0	4.1	7.4
	Ecstasy	2.5	6.7	11.9
	Heroin	4.9	4.4	7.9
	Hallucinogenic mushrooms	X	8.9	12.3
	GHB	X	X	5.7
	Inhalants	27.5	29.8	35.1
	Anabolic steroids	9.5	14.1	19.8
Polish heroin (kompot)	6.9	X	8.4	

The data contained in the Table indicate reverse trends in the case of legal and illegal substances.

The assessment changes of availability of alcoholic beverages in younger groups rely on a decrease in a percentage of pupils reporting an easy access to beer and wine as well as an increase in the percentage of those declaring an easy access to vodka. According to the pupils from older groups the availability of all the three alcoholic beverages demonstrates an

upward trend. The availability of tobacco products was not the object of the survey of 1995. Between 1999 and 2003 the availability of cigarettes in the eyes of the pupils from the younger cohort slightly decreased and according to the older ones it seems stable.

Access to tranquillisers and sleeping pills among younger pupils shows an upward trend, among the older ones declaring a very easy access after a slight decrease in 1999 the percentage increased in the next four years reaching a level higher than the one of 1995.

The availability of the overwhelming majority of illegal substances after an increase in 1999 was subject to a further somewhat less dynamic rise in 2003.

An upward trend in availability of higher intensity in 2003 compared to 1999 was manifested in the reports of older pupils. It relates to a vast majority of illegal substances.

It is worth noting that although young people declare a very easy access to marijuana or hashish, the highest increase in the percentage of pupils of a very easy access occurred in ecstasy in the years 1995-2003. Among younger pupils the percentage increased fourfold and among the older ones fivefold. In the case of cannabis an analogous percentage increased 2 and a half time in both groups.

The answers to the question whether a subject had ever been offered any psychoactive substance provided another availability indicator. The media keep reporting of the aggressive development of the illicit substances market and their marketing among pupils. The purpose of the question was the verification of these reports. Subjects were presented with a list of licit and illicit substances and asked to tick the ones that they had been offered in the last 12 months prior to the survey. The breakdown of the answers in Table 46 indicates similar patterns as in the case of using the substances.

Table 23. Being exposed to offers of individual substances

Grade level		1995	1999	2003
Third grades at upper-primary schools	Beer	80.6	85.0	83.4
	Wine	65.2	52.1	47.5
	Vodka	53.1	57.0	56.4
	Marijuana or hashish	11.4	17.3	21.6
	LSD	3.8	5.0	3.4
	Amphetamine	4.8	10.3	8.6
	Tranquillisers and sleeping pills	8.1	6.9	5.7
	Crack	0.8	2.1	2.7
	Cocaine	1.7	3.5	3.8
	Ecstasy	1.4	5.0	4.9
	Heroin	2.0	3.4	3.6
	Anabolic steroids	3.6	6.2	5.3
	Polish heroin (kompot)	2.7	3.5	3.4
	Bimber (Homemade vodka)	12.7	13.1	20.2
Second grades at secondary schools	Beer	89.5	93.2	93.2
	Wine	79.2	61.5	61.0
	Vodka	73.5	75.9	77.4
	Marijuana or hashish	17.3	23.6	34.8
	LSD	5.3	4.9	4.6
	Amphetamine	6.0	14.0	16.8
	Tranquillisers and sleeping pills	8.8	5.5	6.6
	Crack	1.2	1.7	2.1
	Cocaine	1.9	2.7	3.5
	Ecstasy	1.7	5.2	8.1
	Heroin	2.2	2.3	3.4
	Anabolic steroids	5.4	7.1	8.7
	Polish heroin (kompot)	2.1	1.5	2.2
	Bimber (Homemade vodka)	16.8	14.9	25.4

The substance offered most often was undoubtedly alcohol. Illegal substances were often more rarely with cannabis being the most frequent one. 22% of younger and 35% of older pupils were offered cannabis. The percentages of pupils that were offered amphetamine

equalled 9% (aged 15-16) and 17% (aged 17-18). Ecstasy, just as the previous illicit substances, was offered more often to older pupils (8%) rather than the younger ones (5%), whereas tranquillisers and sleeping pills were offered to similar percentages of young persons from both groups (approx. 6-7%).

It is worth noting a high percentage of pupils who met with offers of illegal homemade alcohol, i.e. bimber. Such an offer was made to 20% of third graders and 25% of second graders. In the group of upper-primary school pupils the offers of drinking bimber equal the offers of smoking marijuana or hashish.

In the last 8 years the indicators of being exposed to some of the substances have not changed, in the case of others they significantly increased. The offers of marijuana and hashish, amphetamine, ecstasy and bimber have become the most frequent. An upward trend is observed both in the younger cohort of subjects and the older one, although among younger pupils the indicators rose mainly in the years 1995-1999, whereas in the older group this indicator was more steady or it focused on the last four years. Only in the case of bimber did the indicator increase in the years 1999-2003. Similar tendencies, although they were less intense are observed in the case of such substances as cocaine, heroin or anabolic steroids.

Seizures

There are four institutions in Poland dealing with illicit drug seizures, there are: the police, the Border Guard, the State Security Office and the Customs Service. The three first institutions are the part of the Ministry of Interior and Administration. The fourth belongs to the Ministry of Finance. The data included in Table 22 are provided by the police, but cover drug seizures conducted by all four above-mentioned institutions.

Up to 1997 there was no coherent system of illicit drugs seizures operating in Poland neither there was any coherent system of data collection on seizures. This changed in 1998. Data of 1998 are not comparable with the previous ones.

Table 24. Quantities of illicit drugs seized in Poland in 2000-2003

YEAR		2000		2001		2002		2003	
	Unit of measure for quantities	Number	Quantity	Number	Quantity	Number	Quantity	Number	Quantity
Cannabis	kg		181.863	150	104.554	235	635.927	305	279.741
Heroin	kg		216.782	18	388.66	19	299.207	14	6913
Cocaine	kg		80.664	34	50.549	36	399.041	44	800.558
Amphetamines	kg		1051.36	79	195.651	83	128.722	90	203.299
'Ecstasy'	tablets		139133	22	239124		51156		101530
LSD	doses		3809		672		797		20602

Source: Police Headquarters in Warsaw

In the period of 2000-2003 an upward trend is noted in the case of seizures of ecstasy in terms of quantity. In the same period the number of cannabis seizures increased but the trend in quantity is fluctuating. Concerning other substances the trend is not so clear – a lot of fluctuations are observed. The data on the increase of the confiscated amount of heroin and synthetic drugs correspond with the information on the increasing consumption provided by drug users.

Price, purity

No data is collected in Poland regarding the purity of drugs. According to the Police and studies conducted with the use of qualitative methods among drug users it is known that the purity level of drugs on the street level is significantly differential. It depends on the number of dealers as every one of them may add something to the drug to save something for them. In general, drugs, which find way to the experimenting youth, therefore youth not sufficiently knowledgeable and using numerous dealers are of lesser degree of purity. The price of drugs depends somewhat on their purity but also on the evaluation of the potential buyer. The cheats of selling substances with scarce quantities of drugs or containing no psychoactive substance at all are not unusual. In the case of experimenters such a 'drug' may act as placebo. The price of drugs is also significantly differential and depends on the number of go-betweens and the quantity of drugs constituting the object of purchase. Buying larger quantities one may pay even the price twenty times lower as compared to the regular one. Information regarding the price of drugs are collected and published by the police. They are of more than conditional character, which is decided by the method of collecting.

Table 25. Prices of drugs on a street level in 1999-2003 according to the police

	Unit	1999 r.		2000 r.		2001 r.		2002 r.		2003 r.	
		Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN	Price range in PLN	Average price in PLN
Amphetamine	gram	40-120	80	40-120	80	20-120	65	20-80	50	30-50	40
Ecstasy	piece	25-50	35	15-30	35	15-40	26	10-30	25	20-50	35
Cocaine	gram	250-300	250	od 200	250	150-300	209	150-300	200	250-300	275
Heroin (brown)	gram	200-250	200	200-250	200	150-240	189	200-300	160	160-200	180
Hashish	gram	35-45	40	35-45	40	25-35	30	20-40	30	30	30
LSD	piece	20-40	30	20-40	30	20-40	31	11-35	34	25	25

Source: Police Headquarter Warsaw

Figures presented by the Police Headquarters (Table 25.) come from reports of the regional police stations. The method of data collection as well as the method of aggregation are not sufficiently formalised and are not clear from what we know. They are far from being methodologically correct.

According to the police, in 2003 as compared with 2002, 2001, 2000 and 1999, the average price of individual substances is rather stable, in some cases it is decreasing. It means, that a fight with a supply, no matter how many successes we can observe in the statistics, does not considerably influence the situation of the illegal trade in drugs. Lack of the changes in the nominal prices means, de facto, a fall in their real value. The limitation of the supply resulting from the intensified activity of the police should cause rise of the prices. If the rise does not occur we can suggest that the supply is not really reduced. The data on the prices for 2001 and 2002 indicate that the further restriction of the law at the end of 2000 did not influence the illegal supply of drugs.

12. Alternatives to prison targeting to drug using offenders

Political, organizational and structural information

National anti-drug strategy

The anti-drug strategy implemented in Poland on the basis of the National Programme for Counteracting Drug Addiction (2002-2005), which sets forth priority areas for drug demand and supply reduction services. The National Programme currently in force does not include in its scope the issues of applying measures alternative to the penalty of imprisonment towards a person convicted of a drug-related offence. One of the tasks of the National Programme is the development of specialist programmes and rehabilitation wards for drug dependent adult and juvenile prisoners.

In 2003 an interdepartmental team drew up "Programme of preventing social maladjustment and crime among children and youth". It emphasises the application of alternative measures with minors. It assumes the reduction of a number of minors in juvenile detention centres through expansion of community rehabilitation upbringing as well alternative forms of an upbringing measure ordered by courts of law.

Legislation

In legal and criminal rules and regulations a specific group of drug dependent criminals was defined. These persons are subject to the provisions of the Act on Counteracting Drug Addiction of 1997 as well as the Penal Code of 1997. Both these acts of law favour medical treatment in relation to drug addicts.

Pre-trial stage

Within the meaning of the provisions of the Act on Counteracting Drug Addiction the prosecutor may suspend the legal proceedings in relation to a drug addict who has been accused of committing a punishable offence subject to the penalty not exceeding 5 years of deprivation of liberty in the event he or she enters addiction treatment in a relevant health care facility. The prosecutor upon initiation of proceedings considers the treatment results and files a motion with the court for a conditional discontinuance of the proceedings or decides on the continuation thereof.

Trial stage

Article 56 of the Act on Counteracting Drug Addiction contains a provision relating to drug addicts sentenced to the penalty of deprivation of liberty whose execution has been suspended: the event of convicting a drug addict of an offence in connection with the use of narcotic drugs or psychotropic substances the court obliges a convict to enter treatment, rehabilitation or reintegration in a relevant health care facility or a centre managed by such an entity referred to in Article 3.3 and transfers the addict under the supervision of a specified person, institution or society". If the convicted drug addicted during the probationary period evades the obligation of treatment imposed on him or her or blatantly violates the rules of the treatment facility to which he or she was transferred, the court upon motion of the supervisory body as well as the facility providing treatment, rehabilitation or reintegration may order the execution of the suspended penalty of deprivation of liberty (Article 56.2 of the Act on Counteracting Drug Addiction)

A drug addict sentenced to an absolute penalty of deprivation of liberty is in a different situation. In this case a provision under the Article 56.3-5 of the Act on Counteracting Drug Addiction applies. If a drug addict is convicted of an offence in connection with the use of narcotic drugs or psychotropic substances and sentenced to the penalty of deprivation of liberty without conditional suspension of its execution the court has an option of placing the convict, prior to the execution of the penalty, in a relevant health care facility for the period not exceeding 2 years. On the basis of the results of treatment and rehabilitation the court decides on the discharge from the facility. The legislator provided the facility performing treatment with the option of filing a motion for discharge if the convict evades treatment and rehabilitation or blatantly violates the rules of the health care facility. Upon completion of rehabilitation or treatment the court decides whether the ordered penalty should be executed.

Treatment security measures provided for in the Act on Counteracting Drug Addiction do not pertain to drug dependent convicts who committed an offence under the influence of narcotic drugs. In such a case, pursuant to Article 94 paragraph 1 of the penal code, the court, which found that the accused in the process of committing the crime was in the state of unsound mind is obliged to order the convict to be placed in a psychiatric facility if the following conditions are jointly fulfilled:

- the perpetrator committed a punishable offence in the state of unsound mind (Article 3 paragraph 1 of the penal code),
- the punishable offence is of serious social harm,
- there is a high likelihood of re-commission of the offence by the perpetrator.

It must be remembered that the treatment security measure such as placing in a closed facility, i.e. of clearly isolated character, may be applied only when it is indispensable in order to prevent the perpetrator from re-committing the punishable offence.

In relation to persons who committed punishable offences in the state of unsound mind induced by narcotic drugs the court may conditionally, pursuant to Article 69 paragraph 1 of the penal code, suspend the execution of the penalty of deprivation of liberty not exceeding the period of 2 years, the penalty of limitation of liberty or fine ordered as an autonomous penalty if this is sufficient for the achievement of penalty goals in relation to the perpetrator. The imposition of obligations in the probationary period is left to the discretion of the court. In the addiction-related cases the following obligations may be imposed:

- the obligation to enter treatment, in particular drug treatment or rehabilitation (by the perpetrator's consent) (Article 72 paragraph 1 subparagraph 6 of the penal code),
- the obligation to abstain from using narcotic drugs (Article 72 paragraph 1 subparagraph 5 of the penal code),
- the obligation to abstain from visiting the drug community (Article 72 paragraph 1 subparagraph 7 of the penal code).

Post-trial stage

The inmate may be conditionally discharged from prison upon serving half of the period of the ordered penalty of deprivation of liberty and at least 6 months of treatment in prison. Upon issuing of the decision a positive opinion from the prison personnel is taken into consideration. The conditionally discharged convict may be imposed with the obligation to continue treatment and abstain from visiting the drug community and using narcotic drugs.

Minors

Polish law in dealing with minors focuses on the principle of the child's good and reaching educational and rehabilitative goals. Legislative solutions emphasise the preventive and educational measures. Educational measures are superior to penal ones.

In the case of drug dependent minors there is an option of ordering compulsory treatment, which is an exception to the rule of voluntary treatment, rehabilitation and reintegration (Article 13 of the Act on Countering Drug Addiction). A minor is referred by the court to a facility upon motion of a statutory representative, relation in a straight line, siblings or an actual guardian or by default. The stay may not be longer than 2 years. The list of specialist facilities for drug dependent minors who committed an offence was to be published in a regulation. Within the meaning of the Act on Procedure in Minor Cases of 1982, which is the basic legal act in this

respect, using drugs by a minor in order to enter the state of intoxication constitutes the basis for instigating clearing proceedings (Article 21 in connection with Article 2 of the Act on Procedure in Minor Cases) and then consideration of addressing the case in guardianship and educational proceedings. Counteracting depravity is a major criterion for taking action thorough guardianship and educational measures and treatment and educational measures. The following measures may be taken with minors:

- the obligation to discontinue using drugs for intoxication purposes (Article 6.2 of the Act on Procedure in Minor Cases),
- other measures reserved in the Act of 1982 for the jurisdiction of the family court, in particular treatment measures such as placing in psychiatric ward or another treatment facility, measures ensuring educational care, e.g. social care centre, a relevant social and educational centre, as well as placing in a hostel for minors or a relevant educational unit (Article 6.11 if the Act on Procedure in Minor Cases)
- measures prescribed in Family and Guardianship Code, e.g. obligation to enter community treatment, referral to a facility exercising control over children (school dorms, common rooms, community clubs) (Article 6.11 of the Act on Procedure in Minor Cases).

Interventions

Drug dependent convicts sentenced to the penalty of deprivation of liberty for committing an offence in connection with using narcotic drugs who have been obliged by the court to enter treatment may report to health care facilities. In the case of drug dependent convicts sentenced to the penalty of deprivation of liberty whose execution has been conditionally suspended there is a possibility of receiving treatment not only in a health care facility but also in centres run by societies, social organizations, foundations or churches.

Minors who have been imposed by the family court with an obligation to enter compulsory treatment are placed in psychiatric hospitals, treatment centres, rehabilitative and reintegration facilities (counselling centres, detoxification wards, residential centres, day centres, hostels). Minors may also be obliged to receive treatment in a special juvenile detention centre (re-adaptation and therapeutic centre), where they are subject to treatment and rehabilitation. Minors from juvenile detention centres are also referred to such units if their addiction is revealed only after the court's decision.

It must be noted that in Poland a large number of treatment centres both residential and ambulatory is run by non-governmental organizations. Residential centres admit adult and underage patients. There are no specialist units exclusively for convicts. They report to

universally accessible residential centres. Convicted persons due to poor cooperation between courts and treatment units as well as a large number of willing drug addicts may sometimes have difficulties in finding a place in a residential centre. Treatment units as a basic criterion of admission regard voluntary nature of entering treatment. It is hard to talk of voluntary features in the case if a convicted person obliged by a court of law to undergo therapy. However, on the premises of penal institutions representatives of non-governmental organization play an active role providing drug treatment, conducting prevention classes. They inform on treatment options. A convict has a possibility of getting in contact with a centre in which he or she would like to undergo treatment and book a place in a specific residential facility.

The Ministry of Justice does not keep any statistics on the number of persons who were obliged to enter treatment by courts and prosecutor's offices.

The cost of compulsory treatment imposed with the court's order is covered from the health insurance, and in the case of non-insured patients from special funds of the Ministry of Health. Judges and prosecutors have little knowledge on the possibilities of treatment for drug dependent criminals beyond the penal system. Sceptic attitudes towards the success if drug therapy in residential centres and the existence of therapeutic wards in prisons cause that judges prefer to place drug addicts in prisons with rehabilitative wards for drug addicts. Recently both the Ministry of Justice and non-governmental organizations took up a series of initiatives aiming at extending knowledge on drug addiction and legal options for applying alternatives to the penalty of deprivation of liberty and other measures in relation to criminals addicted to narcotic drugs. The training courses in this field were organized for probation officers, prosecutors and judges.

Quality Assurance

In Poland there are no defined standards of alternatives to prison for a convicted drug addict. No research has been conducted in this field either.

In 1988 Anna Muszynska conducted a research project in the course of which she analysed files of district courts in south-eastern Poland in the cases of offences committed by perpetrators addicted to narcotic drugs. One of the project goals was determining whether and to what extent the court takes advantage of the option for ordering treatment and correctional measures in relation to drug addicts. 186 cases were analysed in which 246 addicted perpetrators aged 18-46 appeared (31 persons (12.6%) were aged 18-25; 98 (39%) aged 25-30, 117 (47.6%) aged 31 and older). The court conditionally suspending the execution of the penalty of deprivation of liberty imposed the obligation to enter drug treatment on 133 perpetrators (54%) and in the case of 14 convicts an obligation to abstain from narcotic drugs (9%). Out of 74 (30%) convicts sentenced to the absolute penalty of deprivation of liberty 4

(0.9%) perpetrators were imposed with the obligation to be placed in a treatment centre prior to the execution of the penalty.

Summing up, it must be concluded that courts identify treatment needs of drug addicts. It is indicated by a number of persons who received suspended sentences of the penalty of deprivation of liberty and were obliged to enter treatment.